

DONATION FORM

I/We wish to donate \$ _____ to the Singapore Hospice Council (SHC).

This donation* is one-time monthly or annually with effect from _____ (dd/mm/yyyy)

* Donation of \$50 and above will be eligible for 2.5 times tax deduction.

I/We do not wish to be acknowledged for my/our donation on SHC's online or published materials

DONATION DETAILS - PLEASE COMPLETE IN BLOCK LETTERS

Name / Organisation's Name - *Dr/Mr/Mrs/Ms/Mdm (Please delete where inapplicable)*

NRIC / FIN / UEN _____ Contact No: _____
(Necessary for automatic tax deduction)

Address _____
_____ S (_____)

Email: _____

**DONATION BY CHEQUE - PLEASE ISSUE CROSSED CHEQUE TO
"SINGAPORE HOSPICE COUNCIL"**

Cheque Detail: Bank _____ Cheque No _____

DONATION BY CREDIT CARD

Name on Card: *(if different from donor)* _____

Credit Card No. _____ CVV2 _____

Expiry Date: _____ (MM) _____ (YYYY) Type of Card: Visa / Master / Amex *(Please delete where inapplicable)*

CONSENT FOR USE AND DISCLOSURE

By submitting this donation form, I/We fully understand and consent to your use and disclosure of our personal data for the purpose of processing donations, performing donor related activities, carrying out appeals and events, sending marketing materials and submission of donation data to the Inland Revenue Authority of Singapore for tax deduction inclusion purposes.

I/We do not wish to receive marketing communication materials from Singapore Hospice Council.

Signature of Donor

Date

Please mail the completed form to:

SINGAPORE HOSPICE COUNCIL
1 LORONG 2 TOA PAYOH #07-00
BRADDELL HOUSE, SINGAPORE 319637
Email: donation@singaporehospice.org.sg