

Glue here. Do not staple

What is the SKH Better Health Fund?

Driven by our aspiration to provide the best possible care to our patients, the **SKH Better Health Fund** is established to raise funds to bring about medical advancement and better care for our patients and the community we serve. Your contribution to the fund will enable our clinicians, healthcare professionals and administrators at Sengkang General Hospital (SKH) to continue their good work in helping Singaporeans to **Keep Well, Get Well and Live Well.**

Your generous donation will enjoy

2.5 times tax deduction.

You can make your contributions by:



Cheque – Kindly fill up the donation form enclosed, issue a crossed cheque payable to ‘SHF-Foundation’ (write ‘SKH Better Health Fund’ at the back of the cheque), place it within the form, glue and seal along the edges as indicated, and mail it to us.



Credit Card/GIRO – Kindly fill up the donation form enclosed with your credit card/GIRO details and mail it back to us.

For more information,
please call us at
6930 4465
or email
giving@skh.com.sg



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Postage will
be paid by
addressee.
For posting in
Singapore only.

BUSINESS REPLY SERVICE
PERMIT NO. 09561



SKH Development Office
Sengkang General Hospital Pte Ltd
110 Sengkang East Way
Singapore 544886



What if You can change a life?



Give the gift of hope today.



SKH BETTER HEALTH FUND DONATION FORM

WebForm-SHF-Q0011-0-202102 Source: Q-99-SKHFormWeb

I WOULD LIKE TO MAKE A

(Please select if you would like to donate monthly OR one-time by ticking ✓)

Monthly Donation **One-Time Donation**

(Please indicate the donation amount by ticking ✓ where applicable or specify the amount under the 'Others' option)

\$28 **\$88** **\$188** **\$288**

Others: \$ _____ (Please specify)

I WOULD LIKE TO SUPPORT

- Patients-in-Need** **Patient Care Initiatives**
 Research & Development **Education & Training**
 Where It Is Needed Most

I WOULD LIKE TO DONATE BY

CHEQUE

Name of Bank : _____

Cheque No : _____

(Please make cheque payable to "SHF-Foundation" and write "SKH Better Health Fund" at back of the cheque.)

CREDIT CARD

Type of Card: Visa Mastercard

Credit Card No :

Card Expiry Date (mm/yy): (as in bank records)

Name of Bank : _____

Signature: _____ (Authorised signature of credit card holder)

GIRO

Name (as in bank records) : _____

Name of Bank : _____

Branch: _____

Bank Account No :

Signature/Thumbprint (as in bank records): _____

1. I/We hereby authorize SingHealth Fund to debit my/our account.
2. You are entitled to reject SingHealth Fund's debit instructions if my/our account does not have sufficient funds and charge me/us for this.
3. This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through SingHealth Fund.
4. To expedite processing, please sign according to your bank records or go to the branch with your identification for thumbprint.

MY PARTICULARS

For Individual Donations

Name (as in NRIC/FIN) : _____

Mailing Address : _____

Contact No. : (HP) _____ (H) _____
 (O) _____

Email : _____

NRIC/FIN No. : _____

For Corporate Donations

Company Name : _____

Mailing Address : _____

Contact Person : _____

Email : _____

Contact No. : (HP) _____ (H) _____
 (O) _____

UEN : _____

All donors are required to provide their Tax Reference number (e.g. NRIC/FIN/UEN where applicable) to enjoy tax deduction. All donations received are managed and administered by SingHealth Fund, (UEN 201624016E) an Institution of Public Character. Tax-deductible receipts will be issued by SingHealth Fund only upon request.

PDPA (Please tick ✓ where applicable)

I/We consent to the SingHealth Institutions and their successors or assigns collecting, using and/or disclosing my personal data for purposes of processing my donations and such other reasonably related purposes set out in the SingHealth Data Protection Policy available at <https://www.singhealth.com.sg/ pdpa>.

- I do want to stay connected, receive updates and be alerted on other fundraising and volunteering news and opportunities. You can reach me via the email / telephone / address or other contact particulars I have given.
- By ticking this box, I wish to remain anonymous and my personal data/ donation should not be published or recognised in any form.

THANK YOU FOR YOUR KIND SUPPORT!

FOR SINGHEALTH FUND'S USE ONLY

Bank

Branch

SingHealth Fund

(SHF-Foundation)

SingHealth Reference

FOR BANK USE ONLY

To SingHealth Fund

This application is REJECTED due to the following (please tick):

- [] Signature/Thumbprint differs from Financial Institution's records
 [] Signature/Thumbprint is incomplete/unclear
 [] Account operated by Signature/Thumbprint
 [] Amendments not countersigned by customer
 [] Wrong Account No.
 [] Others

 Name of Approving Officer

 Authorised Signature & Date