

GIFT FORM

Abu Rauff Professorship in Surgery

Please send

By mail: The Development Team
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By fax: (65) 6778 5743
By email: giving_med@nus.edu.sg

MY GIFT

I would like to make:

*A monthly gift of \$ _____ for _____ months.

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To support:

Abu Rauff Professorship in Surgery

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(I/We agree that my/our gift is subject to NUS' Statutes and Regulations, and to its Standard Terms and Conditions for Gifts [as may be amended from time to time by the University], updated for compliance with the Personal Data Protection Act 2012.)