

GIFT FORM

Chia Boon Lock Memorial Fund

Please send

By mail: The Development Team
Dean's Office (Development)
Yong Loo Lin School of Medicine
1E Kent Ridge Road
NUHS Tower Block, Level 11
Singapore 119228

By fax: (65) 6778 5743

By email: giving_med@nus.edu.sg

MY GIFT

I/We would like to make:

A one-time gift of \$1,000.00

A one-time gift of \$_____

A one-time gift of \$5,000.00

A pledge of \$_____ over _____ months / years*.

A one-time gift of \$10,000.00

To support:

Chia Boon Lock Memorial Fund

*Singapore tax residents
are eligible for a tax
deduction that is 2.5 times
the gift value for gifts made
from now to 31 Dec 2023*

PAYMENT METHOD

I/We enclose a cheque [No.: _____] crossed and in favour of "National University of Singapore"

Please charge my/our credit card / debit card: Visa / MasterCard / American Express

Card No.:

Expiry Date: _____ (MM/YY)

MY PARTICULARS

Please indicate if you are:

An individual donor

A corporate donor

Title: Prof

Dr

Mr

Mrs

Ms

Full Name/Name of Corporation: _____

Contact Person and Designation (for corporate donors only): _____

NRIC/FIN/UEN (for tax deduction): _____

Mobile Tel: _____ Home Tel: _____ Office Tel: _____

Email: _____

Mailing Address: _____

I/We do not wish to be identified as the donor of this gift in NUS publicity materials.

*I/We hereby authorise the University to continue to deduct monthly/ annual payments from the credit card indicated above, including any replacement card thereof issued to me, until written termination is received from me.

Signature of donor / Date: _____

(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.)

Thank you for your generous support!