

GIFT FORM

Neighbourhood Health Service

Please send

By mail: The Development Team
Dean's Office
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 would like to make:

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

*An annual gift of \$ _____ for _____ years.

A one-time gift of \$ _____

To support:

Neighbourhood Health Service

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

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

Card No.:

Expiry Date: _____ (MMYY)

MY/OUR 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): _____

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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.)