

## GIFT FORM

Project SilverCare

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:

Project SilverCare

*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): \_\_\_\_\_

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.)