

GIFT FORM

Public 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 \$ *An annual gift of \$ A one-time gift of \$ To support: Public Health Service PAYMENT METHOD	for	years.	Singapore tax i eligible for a ta that is 2.5 time value for gifts n now to 31 Dec	x deduction s the gift nade from
☐ I enclose a cheque [No.: ☐ Please charge my credit car Card No.: Expiry Date: MY/OUR PARTICULARS	d / debit card: Visa / Mast			
Contact Person and Designation	n: on (for corporate donors o	lMr □Mrs	orate donor □Ms	
	Home Tel:			
□ I/We do not wish to be identi *I/We hereby authorise the Univary replacement card thereof is	versity to continue to ded	uct monthly/ annual pay	yments from the credit card indicate	ed above, inclu
Signature of donor / Date:(I/We agree that my/our gift is subject to NUS' for compliance with the Personal Data Protection	Statutes and Regulations, and to its St	tandard Terms and Conditions for 0	Gifts [as may be amended from time to time by the U	niversity], updated

