



## DONATION FORM

I / We would like to make a donation to (please tick your choice):

- St. Andrew's Mission Hospital  
 St. Andrew's Autism Centre  
 St. Andrew's Community Hospital  
 St. Andrew's Nursing Home (Buangkok / Henderson / Queenstown)\*  
 St. John's - St. Margaret's Nursing Home  
 St. Andrew's Senior Care (Henderson / JOY Connect / Queenstown / Tampines)\*

(\*Please circle)

### DONATION AMOUNT

- S\$50       S\$100       S\$500       S\$1,000       Others: S\$ \_\_\_\_\_

### MODE OF DONATION

*\*Please do not staple your cheque or enclose cash.*

• **Cheque:**

Cheque No.: \_\_\_\_\_ (Please issue cheque payable to: **St. Andrew's Mission Hospital**)

• **Credit Card (Mastercard / Visa / Amex):**

One-time donation       Monthly donation: From \_\_\_\_ / \_\_\_\_ (mm/yy) to \_\_\_\_ / \_\_\_\_ (mm/yy)

Credit Card No.: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_ (mm/yy)

• **Online via Giving.sg:**



[www.giving.sg/st-andrew-s-mission-hospital](http://www.giving.sg/st-andrew-s-mission-hospital)

• **GIRO:**

Please use the Authorisation Form on the next page.

### DONOR'S PARTICULARS

Name / Company Name: (Mr. / Mrs. / Miss / Ms. / Mdm. / Dr. / \_\_\_\_)

NRIC / FIN / UEN No.: \_\_\_\_\_ (**\*REQUIRED FOR TAX DEDUCTION**)

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Contact No.: \_\_\_\_\_

St. Andrew's Mission Hospital (SAMH) is an Institution of a Public Character. All donations are eligible for 2.5 times tax deduction. To qualify for tax deduction, please provide your full name / company name and NRIC / FIN / UEN number. Tax deduction will automatically be reflected in your annual tax assessment.

Please tick the box if you wish to receive a receipt.

Please tick the box if you wish to be acknowledged in the SAMH Annual Report.

Please mail the form to: **St. Andrew's Mission Hospital, 8 Simei Street 3 Singapore 529895,**  
**Group Corporate Communications Department**

***Thank you for your donation and support!***

By submitting this donation form, you fully understand and agree to allow SAMH to use and disclose your personal data for the purposes of donation-processing as well as to send you updates of our organisation including fundraising-related activities, and the submission of donation data to the Inland Revenue Authority of Singapore (IRAS) for tax deduction purposes. SAMH aims to comply with the requirements of the Personal Data Protection Act 2012 and apply its obligations to our processes to safeguard your personal data. Please contact us at [samh@samh.org.sg](mailto:samh@samh.org.sg) / 6586 1064 if you wish to opt out of our mailing list. For any enquiries or feedback relating to our data protection policies and practices, you may refer to our website ([www.samh.org.sg](http://www.samh.org.sg)) or write to our Data Protection Officer at [samh\\_dpo@samh.org.sg](mailto:samh_dpo@samh.org.sg) or 10 Simei Street 3 Singapore 529897.



## Donation to St. Andrew's Mission Hospital via GIRO Deduction

To (Name of Bank): _____	Branch: _____
Name of Account Holder: _____	Bank Account Number: _____
Donation Amount: S\$ _____	Monthly Deduction from: _____ / _____ (mm/yy) to _____ / _____ (mm/yy)

Name of Billing Organisation: **St. Andrew's Mission Hospital**

- I / We hereby instruct you to process St. Andrew's Mission Hospital's instructions to debit my / our account.
- You are entitled to reject St. Andrew's Mission Hospital's debit instructions if my / our account does not have sufficient funds and charge me / us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- This authorisation will remain in force per the duration period indicated above, or until it is terminated by your written notice sent to my / our address last known to you, or upon receipt of my / our written revocation through St. Andrew's Mission Hospital.

\_\_\_\_\_  
Signature(s) / Thumb print(s)\* as in bank record  
(\* Please go to the branch with your identification for thumbprint)

\_\_\_\_\_  
Date

### **For St. Andrew's Mission Hospital's Use Only:**

Bank	Branch	St. Andrew's Mission Hospital A/C No.
7 1 7 1	0 0 3	0 0 3 9 0 3 0 8 5 1

St. Andrew's Mission Hospital Donor Ref. No.											

### **For Bank's Official Use Only:**

To: St. Andrew's Mission Hospital

This application is hereby APPROVED / REJECTED\*. [Please tick the following reason(s):]

- Signature / thumbprint\* differs from financial institution's records
- Signature / thumbprint\* incomplete / unclear\*
- Account operated by signature / thumbprint\*
- Amendments not countersigned by customer
- Wrong account number
- Others: \_\_\_\_\_

(\* Please delete where applicable)

\_\_\_\_\_  
Name of Approving Officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please mail the form to: **St. Andrew's Mission Hospital, 8 Simei Street 3 Singapore 529895**  
**Group Corporate Communications Department**

*Thank you for your donation and support!*