



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 Mission School
- St. Andrew's Migrant Worker Medical Centre
- St. Andrew's Nursing Home (Buangkok / Henderson / Queenstown)*
- St. Andrew's Senior Care (Dover / Henderson / JOY Connect / Queenstown / Tampines Central)*

(*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

• **GIRO:**

Please use the Authorisation Form on the next page.

DONOR'S PARTICULARS

Name / Company Name: (Mr. / Mrs. / Miss / Ms. / Mdm. / Dr. / ____) _____

Full 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, 10 Simei Street 3 Singapore 529897, 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 / 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) or write to our Data Protection Officer at 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 the Bank to process St. Andrew's Mission Hospital's instructions to debit my / our account.
- The Bank is 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. The Bank may also allow the debit even if this results in an overdraft on my / our account and imposed charges accordingly.
- This authorisation will remain in force per the duration period indicated above, or until it is terminated by the Bank's written notice sent to my / our address last known to the Bank, or upon the Bank's 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.									
S	A	M	H						

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, 10 Simei Street 3 Singapore 529897, Group Corporate Communications Department**

Thank you for your donation and support!