



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 Bedok / Simei
- St. Andrew's Mission School
- St. Andrew's Migrant Worker Medical Centre
- St. Andrew's Nursing Home Aljunied / Buangkok / Henderson / Queenstown / Tampines North
- St. John's-St. Margaret's Nursing Home
- St. Andrew's Active Ageing Centre Bedok North / Bedok South / Dover
- St. Andrew's Senior Care Bedok North / Bedok South / Dover / Henderson / JOY Connect / Queenstown
 Tampines Central / Tampines North

DONATION AMOUNT (Minimum \$10 for e-receipt* and tax deduction.)

\$50 \$100 \$500 \$1,000 Others: \$ _____

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 (Minimum \$10) from ____ / ____ (mm/yy) to ____ / ____ (mm/yy)

Credit Card No. _____ Expiry Date: ____ / ____ (mm/yy)

Giving.sg



www.giving.sg/st-andrew-s-mission-hospital

PayNow



PayNow UEN: T08CC3017C011

Please input **Donate** and **your full NRIC/FIN/UEN** (if required for tax deduction) in the comments/reference field.

Please glue here.

Please glue here.

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 (Required for e-receipts): _____ Contact No.: _____

St. Andrew's Mission Hospital (SAMH) is an Institution of a Public Character. Minimum \$10 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 be automatically reflected in your annual tax assessment.

- Please tick the box if you wish to receive an e-receipt.* Monthly donors (minimum \$10) will receive an annual e-receipt.
- Please tick the box if you wish to receive e-updates from us.
- Please tick the box if you wish to be acknowledged in the online SAMH Annual Report.

Please mail the form to
Group Corporate Communications Department
St. Andrew's Mission Hospital, 10 Simei Street 3 Singapore 529897
 or email samhsacs_comms@samh.org.sg
Thank you for your donation and support!

*In our efforts to go green, hard copy receipts will only be available upon request via email to corpcomms@sacs.org.sg. To opt out of our newsletter and donation appeals, or change your mailing address, email corpcomms@sacs.org.sg. SAMH and SACS complies with the Personal Data Protection Act 2012. By submitting this donation form, you consent to SAMH and SACS' use and disclosure of your personal data for the purposes of donation-processing as well as fundraising-related activities, and the submission of donation data to the Inland Revenue Authority of Singapore for tax deduction purposes. For any enquiries or feedback relating to our data protection policies and practices, please refer to www.samh.org.sg or email samh_dpo@samh.org.sg. **March 2026**

Please do not glue here.

Please glue here.

1. Please print using the "double-sided" settings on 80gsm (or above) plain white paper.
2. Please fill up all the necessary information.
3. Before gluing, please fold the envelope along the dashed lines with the address facing the front.
4. Please glue all the areas stated "Please glue here," so all sides and edges are completely sealed.
5. Please do not staple.
6. Please drop this sealed envelope into the post box.

Please glue here.

Step 1. Please fold along this line.

Postage will be paid by addressee. For posting in Singapore only.

**BUSINESS REPLY SERVICE
PERMIT NO. 08521**



St. Andrew's Mission Hospital
Singapore Anglican Community Services
Group Corporate Communications Department
10 Simei Street 3
Singapore 529897

Step 2. Please fold along this line.

(This side faces out.)