



GIRO DONATION FORM

I / We would like to make a monthly GIRO 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

To (Name of bank):	Branch:																																																																																																																								
Bank account number:	Name of account holder:																																																																																																																								
Donation amount (minimum \$10):	Monthly deduction from ____ / ____ (mm/yy) to ____ / ____ (mm/yy)																																																																																																																								
Name of Billing Organisation: St. Andrew's Mission Hospital																																																																																																																									
<ul style="list-style-type: none"> 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)/Thumbprint(s)* as in bank record <small>*Please approach the branch with your identification for thumbprint(s)</small>	Date																																																																																																																								
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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

*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 glue here.

Please glue here.

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.)