

The struggles with dementia manifest differently.

It can be small things that are easy to ignore or sudden drastic changes that take you by surprise





Donation Form

Please fill in the following details where applicable to make a gift to the CGH Health Fund towards patients and survivors support activities, public education, innovation and research related to Dementia and Delirium. To make a gift to the CGH Health Fund, please fill in the following details where applicable. For monthly donations via GIRO, please fill in this form AND the attached BANK GIRO form.

Thank you for your generosity!

Personal / Company Details

All donations received are managed by SingHealth Fund (SHF), an Institution of a Public Character (UEN 201624016E). All donors are required to provide their Tax Reference number (e.g. NRIC/FIN/UEN where applicable) to enjoy tax deduction. The donation will be automatically included in the donor's IRAS tax assessment. As such, we will not be sending any official receipt, unless upon written request by the donor. All eligible donations made from now until 31 December 2021 will enjoy a 250% tax deduction. For more information, please refer to www.iras.gov.sg.

All donations to the CGH Health Fund are ring-fenced under the SHF for CGH Health Fund purposes and will be used in accordance with the donors' intent. As an Institution of a Public Character (IPC), SHF is committed to maintaining the highest standards of governance and abides by the Code of Governance for Charities and IPCs.

Individual				
Name:(Dr /Mr /Mrs /Ms /Mdm)				
Employee No:		Department:	·	
Address:				
Tel: (hp)	(h)		_ (o)	
NRIC No:	Email:			
Corporate				
Company Name:				
Address:				
Contact Person: (Dr /Mr /Mrs /Ms /Mdm)				
Department/ Designation:				
Tel: (hp)		(o)		
Company Registration No:		Fmail·		



I would like to make a gift to CGH Health Fund (Dementia and Delirium):						
Amount:						
□ \$50	□ \$100	□ \$250	□ \$500	☐ Other amount:		
Preferred (Contribution					
-	Contribution			☐ One-Time Gift		
With effect	from:	(DD/	MM/YY)			
PAYMEN	IT MODE (please	e tick one)				
☐ I would	like to make my o	one-time contribu	ition by cheque			
Cheque of Cheque sh		yable to SingHe a		•)	
□ I would	like to make my o	one-time/ monthly	y contribution by	y credit card.		
VISA/ Mast	tercard (please d	elete as appropri	ate)			
Card No.: _			Ex	xpiry Date:	(MM/YY)	
Signature:				Date:		
□ GIRO (F	Please complete	GIRO form).				
For monthl	y donations, you	may cancel your	pledge any tim	e by giving the CGH Health Fu	nd a one month's written	



PERSONAL DATA PROTECTION

(Please tick ✓ where applicable)

I/We consent to the SingHealth Institutions and their successors or assigns collecting, using and/or disclosing my personal data for purposes of processing my donations and such other reasonably related purposes set out in the SingHealth Data Protection Policy available at SingHealth-Grp-Data-Protection-Policy-2020-07.pdf, section 6 "For our donors and sponsors."

[] I do want to stay connected, receive updates and be alerted on other fundraising and volunteering news and opportunities. You can reach me via the email / telephone / address or other contact particulars I have given

[] By ticking this box, I wish to remain anonymous and my personal data/donation should not be published or recognised in any form.

You can send your completed donation form to: CGH Health Fund c/o Development Office 2A Simei Street 3, Singapore 529906

Email: Giving@cgh.com.sg

Thank you for your donation!

APPLICATION FORM FOR INTERBANK GIRO

Please complete PART 1 of this form and return to the Billing Organisation

Please indicate the maximum amount of each payment if you wish to set a limit for cut-payment. Name of Bank My / Our Bank Account No. Name Of Bank	PART 1 — For Donor's Completion	
Name of Bank May / Our Bank Account No. Donor's IC / Passport / RCB No.	Thirt 4 Tot Bottor's completion	Please indicate the maximum amount of each payment if you wish to set a limit for each payment
My/ Our Sank Account No. Donor's IC / Passport / RCB No.		NOTE: THE SHADED AREA IS FOR OFFICIAL USE
Name As In Bank Account No. Name As In Bank Account	Name of Bank	Name Of Billing Organisation
Amount Donor's IC / Passport / RCB No.		SingHealth Fund - CGH Fund
(a) I/We hereby authorise you to confirm acceptance/rejection of my DDA to the Billing Organisation SingHealth Fund - CGH Fund and further authorise the Billing Organisation to initiate and you to process debits to my/our account not not exceeding the limit indicated even though this may result in an overdraft on increase of the overdraft on my/our account not increase of the overdraft on my our account not contain the necessary funds. You are under no obligation to ascertain the name on the record of the Billing Organisation is the same as that provided by me/us and whether or not notice of the bill underlying the debit has been given to me/us. (b) The authorisation shall continue in force until I/we have expressly revoked it by written notice delivered to you. You may in your absolute discretion terminate this arrangement by written notice delivered to me/our address last known to you. (c) I/We agree that you shall not be liable for any losses arising from or in any way connected with you so acting, provided that you act in good faith or unless directly caused by or resulting from you or your employees' wilful default or negligence. My/Our Signature(s) (Wet-ink signature) [According to Bank's specimen signature(s)] Date PART 2 — For SingHealth Fund - CGH Fund Official Use Only Bank Branch SingHealth Fund's Account No. 7 1 7 1 0 0 0 3 0 0 3 9 4 8 8 3 0 7 4 Bank Branch Account No. To Be Debited Amount Account No. To Be Debited Amount Amount The Direct Debit Authorisation in respect of the account mentioned herein is hereby *Accepted / Rejected If rejected, reason: Verified By Billing Organisation	My / Our Bank Account No.	Name As In Bank Account
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