

# IT IS NOT JUST IN YOUR HEAD

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!

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### 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](http://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: \_\_\_\_\_  
**(Only for SingHealth and CGH staff)**

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: \_\_\_\_\_ Email: \_\_\_\_\_



## 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](mailto: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

## PART 1 — For Donor's Completion

Please indicate the maximum amount of each payment if you wish to set a limit for each payment

**NOTE : THE SHADED AREA IS FOR OFFICIAL USE**

<b>Name of Bank</b>
<b>My / Our Bank Account No.</b>
<b>Amount</b>

<b>Name Of Billing Organisation</b>
SingHealth Fund - CGH Fund
<b>Name As In Bank Account</b>
<b>Donor's IC / Passport / RCB No.</b>

- (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 each not exceeding the limit indicated even though this may result in an overdraft or increase of the overdraft on my/our account. You are entitled to dishonour such payments and may at your discretion levy a fee should 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 3	0 0 3 9 4 8 3 0 7 4

Bank	Branch	Account No. To Be Debited

<b>Billing Organisation Customer's Ref No.</b>

## PART 3 — For Bank's Official use only

<b>Billing Organisation's Bank Account No.</b>

<b>Billing Organisation Customer's Ref No.</b>

<b>Account No. To Be Debited</b>

<b>Amount</b>

The Direct Debit Authorisation in respect of the account mentioned herein is hereby \*Accepted / Rejected

If rejected, reason :

**Authorised Signature**  
 Name of Approving Officer : \_\_\_\_\_  
 Name of Bank : \_\_\_\_\_

<b>Verified By Billing Organisation</b>	
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\* delete inapplicable