

Donation Form

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.

Together, we can continue evolving our vision of Caring General Hospital!

Personal / Company Details

All donations received are managed by SingHealth Fund (SHF), an Institution of 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 2023 will enjoy a 250% tax deduction. For more information, please refer to www.iras.gov.sg.

All donations to the CGH Fund are ring-fenced under the SHF for CGH Fund purposes and will be used in accordance with the donors' intent. As an Institution of 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: _____

I would like to make a gift to:

HomeCare Assist Programme (Needy Patients)

Amount: _____

CGH Research

Amount: _____

CGH Education

Amount: _____

CGH Innovation

Amount: _____

Emergency Medicine ACP

Amount: _____

Preferred Contribution

Monthly Contribution

One-Time Gift

With effect from: _____ (DD/MM/YY)

Payment Mode (please tick one)

I would like to make my one-time contribution by cheque.

Cheque of S\$ _____ (Bank & Cheque No.: _____)

Cheque should be made payable to **SingHealth Fund – CGH Fund**

I would like to make my one-time/ monthly contribution by credit card.

VISA/ Mastercard (please delete as appropriate)

Card No.: _____ Expiry Date: _____ (MM/YY)

Signature: _____ Date: _____

Authorised signature of card holder.

GIRO (Please complete GIRO form).

For monthly donations, you may cancel your pledge any time by giving the CGH Health Fund a one month's written notice.

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 <https://www.singhealth.com.sg/pdpa>.

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

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

Name of Bank

Name Of Billing Organisation
SingHealth Fund - CGH Fund

My / Our Bank Account No.

Name As In Bank Account

Amount

Donor's IC / Passport / RCB No.

- (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									

Billing Organisation Customer's Ref No.

PART 3 — For Bank's Official use only

Billing Organisation's Bank Account No.

Billing Organisation Customer's Ref No.

Account No. To Be Debited

Amount

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 :

Verified By Billing Organisation	
---	--

* delete inapplicable