



JOIN THE MOVEMENT

Go the distance to advance the healthcare cause of your choice



Changi Run 2024 Donation Form

Individual

Name (Dr /Mr /Mrs /Ms /Mdm): _____
(As per NRIC)

Employee number: _____ Department: _____
(Only for SingHealth and CGH Staff)

Address: _____ S(_____)

Tel: (hp) _____ (h) _____ (o) _____

NRIC/FIN No: _____ Email: _____

OR

Corporate

Company name: _____

Address: _____ S(_____)

Contact person (Dr /Mr /Mrs /Ms /Mdm): _____

Department/designation: _____

Tel: (hp) _____ (o) _____

Company registration no: _____ Email: _____

Personal/Company Details

All donations received are managed by CGH Health Fund, part of 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 2026 will enjoy a 250% tax deduction. For more information, please refer to www.iras.gov.sg.

All donations 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.

I would like to make a gift to:

☐ HomeCare Assist (Needy patients)

☐ CGH Rehabilitation Medicine

Donation details

☐ One-time donation

☐ Monthly donation

☐ \$50

☐ \$100

☐ \$250

☐ \$500

☐ \$1,000

☐ Other amount: _____

With effect from: _____

DD/MM/YYYY

Payment mode (Please tick one)

☐ **Cheque**
 Cheque of S\$ _____ Bank & Cheque no.: _____
 Payable to **SingHealth Fund - CGH Fund**

☐ **Credit card**
☐ VISA ☐ Mastercard

 Card no:

 Expiry date: _____

 Signature: _____ (Authorised signature of credit card holder.)
 I hereby authorise the charge of the donation described in this form to my above credit card.

☐ **PayNow**



- ① Launch PayNow compatible bank app
- ② Scan this QR code and verify the merchant name: **SingHealth Fund – CGH Fund**
- ③ OR use this UEN number: **201624016ECGH**
- ④ Key in donation amount and submit
- ⑤ Under the reference number, please indicate: **Full name of donor**

☐ **GIRO** (Please complete GIRO form.)
 For monthly donations, you may cancel your pledge any time by giving CGH Health Fund a one month's written notice.

Personal Data Protection (Please tick ✓ where applicable)

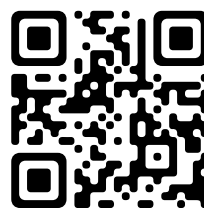
I/We consent to the SingHealth Institutions and their successors or assigns collecting, using and/or disclosing my personal data for purposes of processing my donations and such other reasonably related purposes set out in the SingHealth Data Protection Policy available at <https://www.singhealth.com.sg/pdpa>.

- ☐ 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

Scan for more information about CGH Health Fund:



REGISTER FOR CHANGI RUN 2024

Support a good cause ❤️

Thank you for your donation!



cgh.com.sg/giving



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