



# CHANGI RUN 2022 HEALTHCARE CHAMPIONS

GO THE DISTANCE TO ADVANCE THE HEALTHCARE CAUSE OF YOUR CHOICE



## Donation Form

Please fill in the following details where applicable to make a gift to the CGH Health Fund towards **HomeCare Assist (HCA)**. 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 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 2023 will enjoy a 250% tax deduction. For more information, please refer to [www.iras.gov.sg](http://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.

#### 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:

\$50     \$100     \$250     \$500     \$1000     Other amount: \_\_\_\_\_

### Contribution frequency:

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)

Authorised Signature of Credit Card Holder: \_\_\_\_\_

Date: \_\_\_\_\_

*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 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!**