

Give Today for a Better Tomorrow

A single generous act can re-define healthcare excellence for our patients, clinicians, scientists and healthcare professionals.



Please fill in the following details where applicable to make a gift to the CGH Health Fund. For monthly donations via GIRO, please fill in this form and the attached BANK GIRO form.

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

CGH Health Fund 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.

Select a cause close to your heart ♥

I would like to make a gift to:

- | | |
|--|---|
| <input type="checkbox"/> HomeCare Assist (Needy patients) | <input type="checkbox"/> Research Fund |
| <input type="checkbox"/> Breast Centre Fund | <input type="checkbox"/> Innovation Fund |
| <input type="checkbox"/> Delirium and Dementia Fund | <input type="checkbox"/> Education Fund |
| <input type="checkbox"/> Emergency Medicine ACP (EM ACP) | <input type="checkbox"/> CGH General Fund |
| <input type="checkbox"/> Ear, Nose and Throat Education Fund (ENT) | <input type="checkbox"/> CGH Joy@Work |
| <input type="checkbox"/> Sports and Exercise Medicine (SEM) | |
| <input type="checkbox"/> Psychological 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.

PayNow

- 1 Launch PayNow compatible bank app
- 2 Scan this QR code and verify the merchant name: **SingHealth Fund – CGH Fund**
- 3 **QR** use this UEN number: **201624016ECGH**
- 4 Key in donation amount and submit
- 5 Reference number: **Full name + last 5-digits of payment reference number**



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)

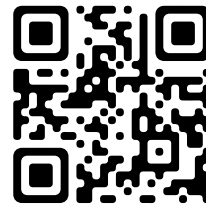
I/We consent to the SingHealth Institutions and their successors or assigns collecting, using and/or disclosing my personal data for purposes of processing my donations and such other reasonably related purposes set out in the SingHealth Data Protection Policy available at <https://www.singhealth.com.sg/pdpa>.

- 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:



Thank you for your donation!

 cgh.com.sg/giving

 giving@cgh.com.sg