



## **DONATION FORM**

I / We would like to make a donation to (please tick your choice):

- ☐ St. Andrew's Mission Hospital
- ☐ St. Andrew's Autism Centre
- ☐ St. Andrew's Community Hospital
- ☐ St. Andrew's Mission School
- ☐ St. Andrew's Migrant Worker Medical Centre
- ☐ St. Andrew's Nursing Home (○Aljunied / ○Buangkok / ○Henderson / ○Queenstown / ○Tampines North)
- ☐ St. John's - St. Margaret's Nursing Home
- ☐ St. Andrew's Senior Care (○Dover / ○Henderson / ○JOY Connect / ○Queenstown / ○Tampines Central / ○Tampines North)
- ☐ St. Andrew's Active Ageing Centre (Care) (○Bedok North / ○Bedok South / ○Dover)

### **DONATION AMOUNT**

- ☐ S\$50      ☐ S\$100      ☐ S\$500      ☐ S\$1,000      ☐ Others: S\$ \_\_\_\_\_

### **MODE OF DONATION** *\*Please do not staple your cheque or enclose cash.*

• **Cheque:**

Cheque No.: \_\_\_\_\_ (Please issue cheque payable to: **St. Andrew's Mission Hospital**)

• **Credit Card (Mastercard / Visa / Amex):**

☐ One-time donation      ☐ Monthly donation: From \_\_\_\_/\_\_\_\_(mm/yy) to \_\_\_\_/\_\_\_\_(mm/yy)

Credit Card No.: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_(mm/yy)

• **Online via Giving.sg:**



[www.giving.sg/st-andrew-s-mission-hospital](http://www.giving.sg/st-andrew-s-mission-hospital)

• **GIRO:**

Please use the Authorisation Form on the next page.

### **DONOR'S PARTICULARS**

Name / Company Name: (Mr. / Mrs. / Miss / Ms. / Mdm. / Dr. / \_\_\_\_)

Full NRIC / FIN / UEN No.: \_\_\_\_\_ **(\*REQUIRED FOR TAX DEDUCTION)**

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Contact No.: \_\_\_\_\_

St. Andrew's Mission Hospital (SAMH) is an Institution of a Public Character. All donations are eligible for 2.5 times tax deduction. To qualify for tax deduction, please provide your full name / company name and NRIC / FIN / UEN number. Tax deduction will automatically be reflected in your annual tax assessment.

☐ Please tick the box if you wish to receive a receipt.

☐ Please tick the box if you wish to be acknowledged in the SAMH Annual Report.

Please mail the form to: **St. Andrew's Mission Hospital, 10 Simei Street 3 Singapore 529897,**  
**Group Corporate Communications Department**

***Thank you for your donation and support!***

By submitting this donation form, you fully understand and agree to allow SAMH to use and disclose your personal data for the purposes of donation-processing as well as to send you updates of our organisation and fundraising-related activities, including fundraising updates, appeals and events, and the submission of donation data to the Inland Revenue Authority of Singapore (IRAS) for tax deduction purposes. SAMH aims to comply with the requirements of the Personal Data Protection Act 2012 and apply its obligations to our processes to safeguard your personal data. Please contact us at [samhsacs\\_comms@samh.org.sg](mailto:samhsacs_comms@samh.org.sg) / 6586 8132 if you wish to opt out of our mailing list. For any enquiries or feedback relating to our data protection policies and practices, you may refer to our website ([www.samh.org.sg](http://www.samh.org.sg)) or write to our Data Protection Officer at [samh\\_dpo@samh.org.sg](mailto:samh_dpo@samh.org.sg) or 10 Simei Street 3 Singapore 529897.



### **Donation to St. Andrew's Mission Hospital via GIRO Deduction**

To (Name of Bank): _____	Branch: _____																										
Name of Account Holder: _____	Bank Account Number: _____																										
Donation Amount: S\$ _____	Monthly Deduction from: _____/_____(mm/yy) to _____/_____(mm/yy)																										
<b>Name of Billing Organisation: St. Andrew's Mission Hospital</b>																											
<ul style="list-style-type: none"><li>I / We hereby instruct the Bank to process St. Andrew's Mission Hospital's instructions to debit my / our account.</li><li>The Bank is entitled to reject St. Andrew's Mission Hospital's debit instructions if my / our account does not have sufficient funds and charge me / us a fee for this. The Bank may also allow the debit even if this results in an overdraft on my / our account and imposed charges accordingly.</li><li>This authorisation will remain in force per the duration period indicated above, or until it is terminated by the Bank's written notice sent to my / our address last known to the Bank, or upon the Bank's receipt of my / our written revocation through St. Andrew's Mission Hospital.</li></ul>																											
Signature(s) / Thumb print(s)* as in bank record (* Please go to the branch with your identification for thumbprint)	Date _____																										
<b><u>For St. Andrew's Mission Hospital's Use Only:</u></b>																											
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25%;">Bank</td><td style="width: 25%;">Branch</td><td style="width: 50%;">St. Andrew's Mission Hospital A/C No.</td></tr><tr><td>7 1 7 1</td><td>0 0 3</td><td>0 0 3 9 0 3 0 8 5 1</td></tr></table>	Bank	Branch	St. Andrew's Mission Hospital A/C No.	7 1 7 1	0 0 3	0 0 3 9 0 3 0 8 5 1	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="10">St. Andrew's Mission Hospital Donor Ref. No.</td></tr><tr><td>S</td><td>A</td><td>M</td><td>H</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	St. Andrew's Mission Hospital Donor Ref. No.										S	A	M	H						
Bank	Branch	St. Andrew's Mission Hospital A/C No.																									
7 1 7 1	0 0 3	0 0 3 9 0 3 0 8 5 1																									
St. Andrew's Mission Hospital Donor Ref. No.																											
S	A	M	H																								
<b><u>For Bank's Official Use Only:</u></b>																											
To: St. Andrew's Mission Hospital This application is hereby APPROVED / REJECTED*. [Please tick the following reason(s):]																											
<ul style="list-style-type: none"><li><input type="radio"/> Signature / thumbprint* differs from financial institution's records</li><li><input type="radio"/> Signature / thumbprint* incomplete / unclear*</li><li><input type="radio"/> Account operated by signature / thumbprint*</li><li><input type="radio"/> Amendments not countersigned by customer</li><li><input type="radio"/> Wrong account number</li><li><input type="radio"/> Others: _____</li></ul>																											
(* Please delete where applicable)																											
Name of Approving Officer _____	Signature _____																										
Date _____																											

Please mail the form to: **St. Andrew's Mission Hospital, 10 Simei Street 3 Singapore 529897, Group Corporate Communications Department**

***Thank you for your donation and support!***