

DONATION FORM

Please mail the completed form to

HCA Hospice Care, 705 Serangoon Road, Block A #03-01 @Kwong Wai Shiu Hospital S328127,
or fax it to 6291 1076. (E) finance@hcahospicecare.org.sg | (T) 6251 2561



I am pleased to make a contribution of \$2500 \$1000 \$500 \$100

Other Amount (please specify) S\$ _____

Frequency: One-time donation Monthly donation via debit/credit card (indefinite until notice to HCA)

Singapore tax residents receive two and a half times tax deductions for donations.

Please tick here if you do not need tax deduction.

Please fill in the section below that is applicable to you. Your personal information will be kept confidential.

A) For Individual Donors

Name Dr / Mr / Mrs / Ms* _____
please underline your surname

I wish to remain anonymous
 I prefer not to be contacted again

NRIC / FIN _____ Email _____
required for tax deduction

Address _____ S _____

Tel No (M) _____ (H) _____ (O) _____

Patient's Name _____ (if donor has patient under HCA Hospice Care)

B) For Corporate Donors

Company Name _____ UEN _____
required for tax deduction

Address _____ S _____

Contact Person _____ Email _____

Tel No (M) _____ (DID) _____ (O) _____

PAYMENT MODE / DETAILS

Crossed Cheque (payable to HCA Hospice Care) Cheque No _____ Bank _____

Debit / Credit Card Visa MasterCard

Card No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Expiry Date:

M	M		

 /

Y	Y	Y	Y		

Cash (Please make the cash donation at L3 of our office)

Signature of Donor / Date

By signing this form, I consent to HCA's collection, disclosure and use of my personal data for official purposes and in accordance with HCA's data protection policy (including HCA's personal data protection act notification), the Personal Data Protection Act 2012 and any other relevant legal or regulatory requirements. A receipt will be issued once the donation has been processed.

Please write your remarks here, if any.

FOR OFFICIAL USE

RECEIPT NO _____
 BE DC CT HG
 JU PPC WL HQ

捐款表格



请将填妥后的表格邮寄到 HCA Hospice Care, 705 Serangoon Road, Block A #03-01 @Kwong Wai Shiu Hospital S328127 或者传真至 6291 1076. (E) finance@hcahospicecare.org.sg | (T) 6251 2561

我希望捐款 \$2500 \$1000 \$500 \$100
 其他款额 (请注明) S\$ _____

频次: 一次性捐助 每月以信用卡捐助 (直至另行通知为止)

以上的捐款将享有 2.5 倍的税额扣减, 捐款者必须提供税务编号方可享有税额扣减

若您不需要税额扣减, 请在此处打勾。

请填写相关部分。您的个人资料将获得保密。

A) 个人捐款者

姓名 _____ (先生 / 女士 / 医生 / 博士*) 我想保持匿名
请在您的姓氏下面画线 谢绝日后联系
身份证号码 _____ 电邮 _____
捐款者必须提供税务编号方可享有税额扣减。
地址 _____ S _____
电话号码 (手机) _____ (住家) _____ (办公室) _____
病患姓名 _____ (若捐款者有亲人正在接受 HCA Hospice Care 的护理)

B) 公司捐款者

公司名称 _____ UEN _____
捐款者必须提供税务编号方可享有税额扣减。
地址 _____ S _____
公司捐款联络人 _____ 电邮 _____
电话号码 (手机) _____ (DID) _____ (办公室) _____

捐款方式

支票 (请在划线支票上注明支付 HCA Hospice Care) 支票号码 _____ 银行 _____

信用卡号码 Visa Mastercard
号码
有效期至 /
月 年 年 年

现金 (请到本中心三楼柜台捐款)

捐款者签名 / 日期

签署表格即代表我同意 HCA 为了对我进行相关的医疗护理, 依据 HCA 的资料保护政策, 个人资料保护法令 2012 (包括 HCA 的个人资料保护令通知), 和任何其他有关的法律或法规要求, 在内部或任何必要的政府机关或医疗机构之间, 搜集, 使用, 公开和/或处理我的个人资料。一旦捐款处理好, 将会发出收据。

备注:

供内部使用

RECEIPT NO

BE DC CT HG
 JU PPC WL HQ