



HCA 30TH ANNIVERSARY GALA DINNER RESPONSE FORM

To: **HCA 30th Anniversary Gala Dinner 2019 Organising Committee**
HCA Hospice Care, 12 Jalan Tan Tock Seng, Singapore 308437

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Yes, I would like to support HCA 30th Anniversary Gala Dinner on **15 March 2019** at **Shangri-La Hotel Singapore, Island Ballroom** in the following ways: *(please tick accordingly)*

DINNER TABLE SPONSORSHIP SECTION				
	Category	Amount	Tables Available	Please indicate quantity
<input type="checkbox"/>	Platinum Sponsor (table for 10)	S\$30,000	5	_____ table(s)
<input type="checkbox"/>	Gold Sponsor (table for 10)	S\$10,000	55	_____ table(s)

EVENT SPONSORSHIP SECTION		
<input type="checkbox"/>	I would like to give a cash donation. ¹	Please indicate amount: S\$ _____
<input type="checkbox"/>	I would like to donate items for auction and/or gifts/prizes.	Please indicate items: _____

DONOR PARTICULARS		PAYMENT DETAILS	
NAME OF INDIVIDUAL / COMPANY:		<input type="checkbox"/> CHEQUE	
ADDRESS:		I enclose cheque no. _____ for the amount of S\$_____ made payable to "HCA HOSPICE CARE".	
TEL (OFFICE):	TEL (MOBILE):	<input type="checkbox"/> DEBIT / CREDIT CARD	<input type="checkbox"/> VISA
EMAIL:		<input type="checkbox"/> MASTERCARD	
NRIC NO. / COMPANY REGISTRATION NO.:		CARD NUMBER:	
<small>(Required for tax deduction)</small>		EXPIRY DATE (MM/YYYY):	AMOUNT:
<input type="checkbox"/> I / My company wish to remain anonymous.		SIGNATURE: ²	DATE:

¹ All cash donations, including table sponsorships, are entitled to 2.5 times tax deduction

² By signing this form, you consent to HCA's collection, disclosure and use of your 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 other relevant legal or regulatory requirements.

A receipt will be issued when the donation has been processed.