

YES! I want to support NNI Fund for better care for persons with brain, spine, nerve and muscle conditions.



DONATION FORM (Please fill in the following details and tick where applicable.)

IMPORTANT NOTES:

- 1) DO NOT use correction liquid / tape.
- 2) Cancel neatly and countersign against any amendments.
- 3) For GIRO application, scanned forms are not accepted by the banks for processing. Please send the original form with your handwritten signature or thumbprint (endorsed by bank).
- 4) Please ensure that all the information provided in the form are accurate and complete for our processing of your donation.

Frequency of donation

Amount: \$ _____ Monthly donation One time donation

Type of donation

Personal donation
Name of Donor: _____ (Dr/Mr/Ms/Mdm)
NRIC/Fin No*: _____ (for tax deduction)

Corporate donation
Name of Company: _____
Contact Person: _____ (Dr/Mr/Ms/Mdm)
UEN No*: _____ (for tax deduction)

**All donors are required to provide their Tax Reference number (e.g. NRIC/FIN/UEN where applicable) to enjoy tax deduction. All donations received are managed by NNI Fund, part of SingHealth Fund (UEN 201624016E), an institution of a public character. Tax-deductible receipts will be issued by SingHealth Fund only upon request.*

Donor's Particulars

Mailing Address: _____ S(_____)
Email Address: _____
Contact No.: _____
Signature / Company stamp & Date: **X** _____

Area of support (please tick one option only)

If not indicated, your donation will be directed to NNI Fund (General) to serve areas of unmet needs.

- General** - Serving areas of unmet needs
 Patient Care - Enhancing care treatments and supporting patients in financial need
 Research - Accelerating medical research discoveries
 Education - Advancing medical training for healthcare professionals

Donation mode (please complete one option only)

A) Cheque Cheque No.: _____ *Cheque should be made payable to "SingHealth Fund - NNI Fund".*

B) Credit Card VISA Mastercard

Card No.: _____
I hereby authorise the charge of the donation described in 'Area of support' to my above credit card.

Expiry date: _____ (MM/YY) _____
Authorised signature of credit card holder

C) GIRO (For monthly donation only)

To: Name of Bank & Branch: _____

Name as in Bank Records: _____

Bank Account No.:

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- 1) I/We hereby authorize you to process SingHealth Fund-NNI Fund's instruction to debit my/our account for donation (described in section Area of Support)
- 2) You are entitled to reject SingHealth Fund-NNI Fund's debit instructions if my/our account has insufficient funds and charge me/us a fee for this. You may also at its discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- 3) This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you; upon your receipt of my/our written revocation through SingHealth Fund-NNI Fund.

X _____
 Authorised Signature (s) / Thumbprint as in bank records Date

To expedite GIRO processing, please sign according to your bank records or go to the branch with your identification for thumbprint. An original wet-ink signed form is required by banks for processing.

Personal Data Protection Act (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.

- Thank you for helping patients cope with their conditions and giving them hope for a better future! -

Please mail your completed hardcopy donation form to:

NNI FUND
c/o NNI Corporate Development Office
National Neuroscience Institute
11 Jalan Tan Tock Seng Singapore 308433

Official Remarks Only: _____

FOR SINGHEALTH FUND – NNI FUND USE ONLY

Bank	Branch	SingHealth Fund – NNI Fund																					
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FOR BANK USE ONLY

To SingHealth Fund – NNI Fund
This application is REJECTED due to the following (please tick):

[] Signature/Thumbprint differs from Financial Institution's records
 [] Signature/ Thumbprint is incomplete/ unclear
 [] Account operated by Signature/ Thumbprint
 [] Amendments not countersigned by customer
 [] Wrong Account No.
 [] Others (Reason:)

Name of Approving Officer	Authorised Signature & Date
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