

# 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.)

### Frequency of Donation

- Monthly donation       One time donation

Amount: \$ \_\_\_\_\_

### 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. The NNI Fund is a part of SingHealth Fund (SHF). All donations received are managed and administered by SingHealth Fund, (UEN 201624016E) an Institution of 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 tick one option only)*

**Credit Card**

- VISA       Mastercard

Card No.: \_\_\_\_\_

Expiry date: \_\_\_\_\_ (MM/YY)

Signature *(as appears on card)*

**Cheque** Cheque No.: \_\_\_\_\_  
Cheque should be made payable to "**SingHealth Fund - NNI Fund**".

**GIRO**

Name: \_\_\_\_\_

(as in Bank Records)

Bank Account No.: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

\_\_\_\_\_  
Signature (as in bank records)

- 1) I/We hereby authorize SingHealth Fund – NNI Fund to debit my/our account.
- 2) I/You are entitled to reject SingHealth Fund – NNI Fund debit instructions if my/our account does not have sufficient funds and charge me/ us for this.
- 3) This authorization will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through SingHealth Fund – NNI Fund.
- 4) To expedite GIRO processing, please sign according to your bank records or go to the branch with your identification for thumbprint.

### Personal Data Protection Act

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 [SingHealth-Grp-Data-Protection-Policy-2020-07.pdf](#), section 6 "For our donors and sponsors".

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	SingHealth Fund-NNI Fund Reference
7 1 7 1	0 0 3	0 0 3 9 4 8 3 0 2 3	

#### 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

\_\_\_\_\_  
Name of Approving  
Officer

\_\_\_\_\_  
Authorised Signature  
& Date