

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

- 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: _____
Name of Company in Chinese (if any): _____
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)

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

- 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

- GIRO (For monthly donation only)**

Name: _____

(as in Bank Records)

Bank Account No.: _____

Name of Bank: _____

Signature (as in bank records)

- 1) I/We hereby authorise SingHealth Fund (SHF-NNI Fund) to debit my/our account.
- 2) You are entitled to reject SingHealth Fund (SHF-NNI Fund) debit instructions if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your 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 or upon receipt of my/our written revocation through SingHealth Fund (SHF-NNI Fund).
- 4) To expedite GIRO processing, please sign accordingly to your bank

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 <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					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):	
<input type="checkbox"/>	Signature/Thumbprint differs from Financial Institution's records
<input type="checkbox"/>	Signature/ Thumbprint is incomplete/ unclear
<input type="checkbox"/>	Account operated by Signature/ Thumbprint
<input type="checkbox"/>	Amendments not countersigned by customer
<input type="checkbox"/>	Wrong Account No.
<input type="checkbox"/>	Others
_____ Name of Approving Officer	_____ Authorised Signature & Date