



**DONATION FORM**

*For donations to more than one nursing home, please fill up one form per nursing home*

**I / We would like to make a donation to the following nursing home (please tick one nursing home):**





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| <input type="checkbox"/> <b>St. Andrew's Nursing Home (Buangkok)</b><br>60 Buangkok View, S534012; bnhenquiries@sanh.org.sg    | <input type="checkbox"/> <b>St. Andrew's Nursing Home (Queenstown)</b><br>11 Jalan Penjara, S149380; qnhenquiries@sanh.org.sg  |
| <input type="checkbox"/> <b>St. Andrew's Nursing Home (Henderson)</b><br>303 Henderson Road, S108925; hnhenquiries@sanh.org.sg | <input type="checkbox"/> <b>St. Andrew's Nursing Home (Taman Jurong)</b><br>2 Yung Ho Walk, S618274; tjnhenquiries@sanh.org.sg |

**DONATION AMOUNT**

- S\$20     S\$50     S\$100     S\$500     S\$1,000     Others: \$ \_\_\_\_\_

**MODE OF DONATION**

- CHEQUE:** *Please issue a cheque to the selected nursing home (name as stated above) and post it with this form.*  
Bank.: \_\_\_\_\_ Cheque No.: \_\_\_\_\_ Date: \_\_\_\_\_
- CASH:** *Please visit the selected nursing home to hand us the cash and this form in person. Do not send cash through the mail.*  
Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Verified by: \_\_\_\_\_
- CREDIT CARD (Mastercard / Visa / Amex):** *Please scan and email / post this form to your selected nursing home.*  
 One-time donation     Monthly donation: From \_\_\_\_ / \_\_\_\_ (mm/yy) to \_\_\_\_ / \_\_\_\_ (mm/yy)  
Credit Card No.: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_ (mm/yy)
- FUND TRANSFER or through PayNow:**  
1. *Enter your details in the following format as the reference number:*  
2. *<Local mobile no.> space <donate> space <Surname>*  
3. *For example: "91234567 donate CHAN"*

St. Andrew's Nursing Home (Buangkok) DBS A/c No.: 003-932015-9 	St. Andrew's Nursing Home (Henderson) DBS A/c No.: 003-942115-0 	St. Andrew's Nursing Home (Queenstown) DBS A/c No.: 003-942117-6 	St. Andrew's Nursing Home (Taman Jurong) DBS A/c No.: 003-957370-7 
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**DONOR PARTICULARS**

Name / Company Name: (Mr. / Mrs. / Miss / Ms. / Mdm. / Dr. / \_\_\_\_\_) \_\_\_\_\_

NRIC / FIN / UEN No.: \_\_\_\_\_ **(REQUIRED FOR TAX DEDUCTION)**

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Contact No.: \_\_\_\_\_

St. Andrew's Mission Hospital (SAMH) and Singapore Anglican Community Services (SACS) are approved as an Institution of a Public Character. All donations are eligible for 2.5 times tax deduction. To qualify for tax deduction, please provide your full name / company name and NRIC / FIN / UEN number. Tax deduction will automatically be reflected in your annual tax assessment.

- Please tick the box if you wish to receive a receipt.
- Please tick the box if you wish to be acknowledged in the SAMH / SACS Annual Report.

***Thank you for your donation and support!***

By submitting this donation form, you fully understand and agree to allow SAMH/SACS to use and disclose your personal data for the purposes of donation-processing as well as to send you updates of our organisations including fundraising-related activities, and the submission of donation data to the Inland Revenue Authority of Singapore (IRAS) for tax deduction purposes. SAMH/SACS aims to comply with the requirements of the Personal Data Protection Act 2012 and apply its obligations to our processes to safeguard your personal data. Please contact us at samh@samh.org.sg or admin@sacs.org.sg or 6586 1064 if you wish to opt out of our mailing list. For any enquiries or feedback relating to our data protection policies and practices, you may refer to our websites (www.samh.org.sg / www.sacs.org.sg) or write to our Data Protection Officer at samh\_dpo@samh.org.sg / dpo@sacs.org.sg or 10 Simei Street 3 Singapore 529897.