



**ST. ANDREW'S
NURSING HOME**



DONATION FORM

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

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

- | | |
|--|---|
| <input type="checkbox"/> St. Andrew's Nursing Home (Aljunied)
5 Aljunied Walk, S389954; anh_enquiries@sanh.org.sg | <input type="checkbox"/> St. Andrew's Nursing Home (Buangkok)
60 Buangkok View, S534012; bnhenquiries@sanh.org.sg |
| <input type="checkbox"/> St. Andrew's Nursing Home (Henderson)
303 Henderson Road, S108925; hnhenquiries@sanh.org.sg | <input type="checkbox"/> St. Andrew's Nursing Home (Queenstown)
11 Jalan Penjara, S149380; qnhenquiries@sanh.org.sg |
| <input type="checkbox"/> St. Andrew's Nursing Home (Taman Jurong)
2 Yung Ho Walk, S618274; tjnhenquiries@sanh.org.sg | <input type="checkbox"/> St. Andrew's Nursing Home (Tampines North)
10 Tampines St. 62, S528519; tnnh_enquiries@sanh.org.sg |

DONATION AMOUNT	\$ _____	Date: _____
MODE OF DONATION		
<input type="checkbox"/> CHEQUE: <i>Please issue a cheque to the selected nursing home (name as stated above) and post it with this form.</i> Bank: _____ Cheque No.: _____ Cheque Date: _____		
<input type="checkbox"/> CASH: <i>Please visit the selected nursing home to hand us the cash and this form in person. Do <u>not</u> send cash through the mail.</i> Received by: _____ Verified by: _____ Date: _____		
<input type="checkbox"/> CREDIT CARD (Mastercard / Visa / Amex): <i>Please scan and email / post this form to your selected nursing home.</i> <input type="checkbox"/> One-time donation <input type="checkbox"/> Monthly donation: From ____ / ____ (mm/yy) to ____ / ____ (mm/yy) Credit Card No.: _____ Expiry Date: ____ / ____ (mm/yy)		
<input type="checkbox"/> FUNDS TRANSFER or through PayNow: 1. <i>Select 'Scan and Pay' from your bank's App.</i> 2. <i>Enter your details in the following format as the reference number:</i> <i><Local mobile no.> space <donate> space <Surname></i> <i>For example: "91234567 donate CHAN"</i>	SANH (Aljunied) DBS A/c No.: 072-942491-8 	SANH (Buangkok) DBS A/c No.: 003-932015-9
	SANH (Queenstown) DBS A/c No.: 003-942117-6 	SANH (Taman Jurong) DBS A/c No.: 003-957370-7
SANH (Tampines North) DBS A/c No.: 072-538506-7 		

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.

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.