



DONATION FORM (GIRO)

I / We wish to support your work and make a donation to: *(Select one or more services below)*

- St. Andrew's Mission Hospital:**
- St. Andrew's Nursing Home (Aljunied)
 - St. Andrew's Nursing Home (Buangkok)
 - St. Andrew's Nursing Home (Henderson)
 - St. Andrew's Nursing Home (Queenstown)
 - St. Andrew's Nursing Home (Tampines North)

To (Name of Bank):

Branch:

Name of Account Holder:

Bank Account Number:

Donation Amount: _____ Monthly deduction from _____ (mth/yr) to _____ (mth/yr)

Name of Billing Organisation: **St. Andrew's Mission Hospital**

- I/We hereby instruct you to process St. Andrew's Mission Hospital instructions to debit my/our account.
- You are entitled to reject St. Andrew's Mission Hospital 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.
- This authorisation will remain in force per the duration period indicated above, or until it is terminated by your written notice sent to my/our address last known to you, or upon receipt of my/our written revocation through St. Andrew's Mission Hospital.

Thumb print(s) / Signature(s) as in bank record
(Please go to the branch with your identification for thumbprint)

Date

For St. Andrew's Mission Hospital Use Only:

Bank				Branch			St. Andrew's Mission Hospital A/C No.										
7	1	7	1	0	0	3	0	0	3	9	0	3	0	8	5	1	

St. Andrew's Mission Hospital Donor Ref. No.												

For Bank's Official Use Only:

To: **St. Andrew's Mission Hospital**

This application is hereby APPROVED / REJECTED*. [Please tick the following reason(s):] * Delete where applicable

- Signature / thumbprint* differs from financial institution's records
- Signature / thumbprint* incomplete / unclear*
- Account operated by signature / thumbprint*
- Amendments not countersigned by customer
- Wrong account number
- Others:

Name of approving officer

Signature

Date

Please post this form to: St. Andrew's Mission Hospital, Group Corporate Communications Department
10 Simei Street 3, Singapore 529897

Thank you for your donation and support!