

DONATION FORM

Please mail the completed form to
HCA Hospice Limited, 705 Serangoon Road, Block A #03-01 @Kwong Wai Shiu Hospital S328127,
or fax it to 6291 1076. (E) finance@hcahospicecare.org.sg | (T) 6251 2561



I am pleased to make a contribution of \$3000 \$1000 \$300 \$120

Other Amount (please specify) S\$ _____

Frequency: One-time donation Monthly donation via debit/credit card (indefinite until notice to HCA)

Please fill in the section below that is applicable to you. Your personal information will be kept confidential.

A) For Individual Donors

Name Dr / Mr / Ms / Mdm _____
please underline your surname

- I wish to remain anonymous
 I prefer not to be contacted again

NRIC / FIN _____ Email _____
required for tax deduction

Address _____ S _____

Tel No (M) _____ (H) _____ (O) _____

Patient's Name _____ (if applicable)

B) For Corporate Donors

Company Name _____ UEN _____
required for tax deduction

Address _____ S _____

Contact Person _____ Email _____

Tel No (M) _____ (DID) _____ (O) _____

Please provide your NRIC/FIN/UEN to be eligible for 250% tax deductions. Qualifying donations must reach HCA Hospice before 31 December of every year to be included in the tax assessment for the following year.

PAYMENT MODE / DETAILS

Crossed Cheque (payable to HCA Hospice Limited) Cheque No _____ Bank _____

Debit / Credit Card Visa MasterCard

Card No:

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 Expiry Date:

		/					
M	M		Y	Y	Y	Y	

Cash (Please make the cash donation at L3 of our office)

Signature of Donor / Date

By submitting this form, I consent to HCA's collection, disclosure and use of my personal data for official purposes and in accordance with HCA's data protection policy, including HCA's personal data protection act notification, the Personal Data Protection Act 2012 and any other legal or regulatory requirements. Further information on HCA's data protection policy is available at <https://bit.ly/HCA-Donors-PDPA-Notice>

Please write your remarks here, if any.

FOR OFFICIAL USE

RECEIPT NO _____

<input type="checkbox"/> BE	<input type="checkbox"/> CT	<input type="checkbox"/> JU	<input type="checkbox"/> HG
<input type="checkbox"/> WL	<input type="checkbox"/> HQ	<input type="checkbox"/> PPC	
<input type="checkbox"/> DC-KL	<input type="checkbox"/> DC-OCH		

捐款表格

请将填妥后的表格邮寄到 HCA Hospice Limited, 705 Serangoon Road, Block A #03-01 @Kwong Wai
Shiu Hospital S328127 或者传真至 6291 1076. (E) finance@hcahospicecare.org.sg | (T) 6251 2561



我希望捐款 \$3000 \$1000 \$300 \$120

其他款额 (请注明) S\$ _____

频次: 一次性捐款 每月以信用卡捐款 (直至另行通知为止)

请填写相关部分。您的个人资料将被保密。

A) 个人捐款

我想匿名捐款

谢绝日后联系

姓名 _____ (先生 / 女士 / 医生 / 博士)

请在您的姓氏下面画线

身份证号码 _____ 电邮 _____

请务必填写, 方能扣税

地址 _____ S _____

电话号码 (手机) _____ (住家) _____ (办公室) _____

病患姓名 _____ (若您有亲人正在接受 HCA 的护理)

B) 公司捐款

公司名称 _____ UEN _____

请务必填写, 方能扣税

地址 _____ S _____

公司捐款联络人 _____ 电邮 _____

电话号码 (手机) _____ (DID) _____ (办公室) _____

您的捐款将享有 250% 的所得税回扣, 捐款者必须提供身份证号码或公司注册号方可扣税。符合条件的捐款必须在每年的 12 月 31 日之前到达 HCA, 才能计入下一年的税收评估。

捐款方式

支票 (请在划线支票上注明收款人为 HCA Hospice Limited) 支票号码 _____ 银行 _____

信用卡号码 Visa Mastercard

号码 有效期至 /

月 月 年 年 年 年

现金 (请到本中心三楼柜台捐款)

捐款者签名 / 日期

通过提交此表格, 我同意 HCA 为了处理捐款事宜, 依据 HCA 的《资料保护政策》(<https://bit.ly/HCA-Donors-PDPA-Notice>) 以及《个人资料保护法令 2012》和任何其他有关的法律或法规要求, 在内部或任何必要的政府机关或医疗机构之间, 搜集, 使用, 公开和/或处理我的个人资料。捐款一旦通过, 将会发出收据。

备注:

供内部使用

RECEIPT NO. _____

BE CT JU HG

WL HQ PPC

DC-KL DC-OCH