## **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 co	ontribute □ \$3,000		] \$1,000 ] Other Amount	□ \$500 (please specify) S\$_	□ \$100 			
Frequency:	☐ One-time donatio	n 🗆	☐ Monthly donation via debit/credit card (indefinite until notice to HCA)					
Please fill in the se	ection below that is app	olicable to you	J. Your personal	information will be l	kept confidential.			
A) For Individual I	<u>Donors</u>							
Name	Dr/Mr/Ms/Mdm					to remain anor	•	
Name	)	olease underline yo	our surname		— ⊔Iprete	er not to be cor	tacted again	
NRIC / FIN				Email				
NIC / TIN	required for tax deduction							
Address						c		
Address	-					ა		
Tel No	(M)		(H)		(0)			
Patient's Nam	e						(if applicable)	
B) For Corporate	<u>Donors</u>							
Company Nan	ne				UEN			
					•	d for tax deductior		
Address						S	_	
Contact Perso	n			_ Email				
Tel No	(M)		(חוח)		(0)			
	our NRIC/FIN/UEN to be over each year to be inclu					e received by I	HCA Hospice	
PAYMENT M	IODE / DETAILS							
☐ Crossed Chequ	ue (payable to HCA Hos	pice Limited)	Cheque No		Bank			
□ Debit / Credit (	Card	□ Visa	☐ Master	card				
Card No:					Expiry Date:	M M Y	Y Y Y	
□ Cash (Please make the cash donation at L3 of our office)								
Signature of Donor		allaction disclos	cure and use of n	ny parsanal data far c	official purposes approximately	l in accordance	with UCA's data	
protection policy, inc	orm, I consent to HCA's co cluding HCA's personal data er information on HCA's and-Volunteers.pdf.	a protection act	notification, the F	Personal Data Protection	on Act 2012 and any	other relevant le	gal or regulatory	
Please write your re	marks here, if any.				FOR OFFICIAL USE			
					RECEIPT NO □ BE □ CT	□ JU	□ HG	

□HQ

□ DC-OCH

PPC

 $\square$  WL

□ DC-KL

## 捐款表格

□ \$3,000

我希望捐款



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

□ \$1,000

	ロ 其他款额(请注明)	S\$						
频次:	口 一次性捐款	口 每月以信用卡捐款 (直至另行通知	为止)					
请填写相关部分。	您的个人资料将获得保密。	)						
A) 个人捐款				口 我想保持匿名				
姓名		(先生/女士/।	医生 / 博士)	□ 谢绝日后联系				
身份证号码	请在您的姓氏下面画线	电邮						
	请务必填写,方能扣税							
地址								
电话号码	(手机)	(专线)	(主机)					
病患姓名			(若您有新	K人正在接受 HCA 的护理)				
B) 公司捐款								
公司名称			UEN	· 必填写,方能扣税				
地址								
公司捐款联络								
电话号码	(手机)	(专线)	(主机)					
您的捐款将享有 250%	6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	进账,才能计入下一年的税收评估。				
捐款方式								
□ 支票 (请在划线	支票上注明支付 HCA Ho	ospice Limited) 支票号码						
□ 转账卡 / 信用十	<b>⊧</b> □\	/isa □ Mastercard						
号码			<b> 有效期至</b>	_ <b>  /</b>				
口	「「い <u></u> 1女1日ロ 1月水)							
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://www.hca.org.sg/wp-content/uploads/2025/11/HCA-PDPA-								
Notice-For-Donors-and-Volunteers.pdf)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。								
<b>友</b> 计•			供内部使用					
备注:			RECEIPT NO BE C					

□ \$500

□ \$100

□ DC-OCH

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