

GIFT FORM

Individual Donor

Please send

By mail: External Relations Office
Saw Swee Hock School of Public Health
National University of Singapore
Tahir Foundation Building,
12 Science Drive 2, #10-01
Singapore 117549

By fax: (65) 6779 1489

By email: wendymt@nus.edu.sg

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I would like to make:

A monthly* gift of \$ _____ for _____ months.

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Singapore tax residents are eligible for a tax deduction that is 2.5 times the gift value for gifts made in 2016.

To support:

Help-A-Student Fund at the Saw Swee Hock School of Public Health

Other : _____ (please specify)

PAYMENT METHOD

I enclose a cheque [No.: _____] crossed and in favour of "National University of Singapore"

Please charge my credit card / debit card: Visa / MasterCard / American Express

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Name (Prof /Dr /Mr /Mrs/Ms): _____
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I do not wish to be identified as the donor of this gift in NUS publicity materials.

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*I hereby authorise the University to continue to deduct monthly/annual payments from the credit card indicated above, including any replacement card thereof issued to me, until written termination is received from me.

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(I agree that my gift is subject to NUS' Statutes and Regulations, and to its Standard Terms and Conditions for Gifts [as may be amended from time to time by the University], updated for compliance with the Personal Data Protection Act 2012.)

Thank you for your support!