

Please send

By mail: Attn: Sharon Lim / Ow Yong Oi

Faculty of Dentistry
National University of Singapore 11 Lower Kent Ridge Road, Singapore 119083

By fax: (65) 6778-5742 By email: denltas@nus.edu.sg denowyo@nus.edu.sg

MY/OUR GIFT	
I/We would like to make:	
□ A monthly* gift of \$ for months.	Singapore Tax residents are eligible for a tax
□ An annual* gift of \$ for years.	deduction that is 2.5 times the gift value for gifts made
$\square$ A one-time gift of $\square$ \$10,000 $\square$ \$5,000 $\square$ \$1,000 $\square$ \$ (please specify)	in 2017 & 2018
To support:	
☐ FOD DEVELOPMENT FUND (FOR DENTISTRY BUILDING) ☐ DENTISTRY BURSARY FUND	
□ OTHERS: (please specify)	
PAYMENT METHOD	
☐ I/We enclose a cheque [No.:] crossed and in favour of "National University of Single	gapore"
☐ Please charge to my/our credit card / debit card: Visa / MasterCard / American Express	
Card No.:	
Expiry Date: (MMYY)	
MAYOUD DADTICUL ADC	
MY/OUR PARTICULARS	
Please indicate if you are: ☐ An individual donor ☐ A corporate donor	
Title: □Prof □Dr □Mr □Mrs □Ms	
Full Name/Name of Corporation:	
Contact Person and Designation (for corporate donors only):	
NDIC/EIN/LIEN (for tax doduction):	
NRIC/FIN/UEN (for tax deduction):	
Mobile Tel: Home Tel: Office Tel	
Email:	
Mailing Address:	
$\hfill \square$ I/We do not wish to be identified as the donor of this gift in NUS publicity materials.	
*I/We hereby authorise the University to continue to deduct monthly/annual payments from the credit including any replacement card thereof issued to me, until written termination is received from me.	card indicated above,
Signature of donor / Date:	time to time by the University].
updated for compliance with the Personal Data Protection Act 2012.)	· · · · · · · · · · · · · · · · · · ·

