

Please send

By mail: Attn: Tiffany How / Ow Yong Oi
Faculty of Dentistry
National University of Singapore
9 Lower Kent Ridge Road
#10-01, National University Centre
for Oral Health
Singapore 119085

By fax: (65) 6778-5742

By email: denhyt@nus.edu.sg
denowyo@nus.edu.sg

MY/OUR GIFT

I/We would like to make:

- ☐ A monthly* gift of \$ _____ for _____ months.
☐ An annual* gift of \$ _____ for _____ years.
☐ A one-time gift of ☐ \$10,000 ☐ \$5,000 ☐ \$1,000 ☐ \$ _____ (please specify)

Singapore Tax residents are eligible for a tax deduction that is 2.5 times the gift value for gifts made in 2020 – 2023.

To support:

- ☐ FOD GERIATRIC ORAL HEALTH CARE INITIATIVES
☐ DENTISTRY BURSARY FUND
☐ OTHERS: _____ (please specify)

PAYMENT METHOD

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

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

Card No.:

Expiry Date: _____ (MMYY)

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): _____

NRIC/FIN/UEN (for tax deduction): _____

Mobile Tel: _____ Home Tel: _____ Office Tel: _____

Email: _____

Mailing Address: _____

☐ 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 card indicated above, including any replacement card thereof issued to me, until written termination is received from me.

Signature of donor / Date: _____

(I/We agree that my/our 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!