NUSGIVING

GIFT FORM

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

By email: denhylt@nus.edu.sg

MY/OUR GIFT		
I/We would like to make:		Scan the QR code to donate online.
□ 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)	
To support:		
FoD Research Fund		Singapore Tax residents are eligible for a tax deduction that is 2.5 times the
Dentistry Bursary Fund		gift value for gifts received by NUS
□ Others:	(piease specity)	between the period 1 January 2025 to 31 December 2026.
PAYMENT METHOD		
□ I/We enclose a cheque [No.:] crossed and in fa	vour of "National Univers	ity of Singapore"
□ Please charge to my/our credit card / debit card: Visa / MasterCa		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
in rease sharye to myrour creat catu / debit catu. visa / MasterCa	ard / American Express	
Card No.:	Expiry Da	ate: (MM/YY)
Card No.:	Expiry Da	ate: (MM/YY)
	Expiry Da	
MY/OUR PARTICULARS		
MY/OUR PARTICULARS Please indicate if you are: An individual donor Title: Prof Dr Mr Mrs Ms 	□ A corporate donc	pr
MY/OUR PARTICULARS Please indicate if you are:	□ A corporate donc	or
MY/OUR PARTICULARS Please indicate if you are: An individual donor Title: Prof Dr Mr Mrs Ms Full Name/Name of Corporation: Contact Person and Designation (for corporate donors only):	□ A corporate donc	or
MY/OUR PARTICULARS Please indicate if you are: An individual donor Title: Prof Dr Mr Mrs Ms Full Name/Name of Corporation: Contact Person and Designation (for corporate donors only): NRIC/FIN/UEN (Required for auto-inclusion of tax deduction):	☐ A corporate dono	or
MY/OUR PARTICULARS Please indicate if you are: An individual donor Title: Prof Dr Mr Mrs Ms Full Name/Name of Corporation: Contact Person and Designation (for corporate donors only): NRIC/FIN/UEN (Required for auto-inclusion of tax deduction): Mobile Tel: Home Tel:	□ A corporate donc	or
MY/OUR PARTICULARS Please indicate if you are: An individual donor Title: Prof Dr Mr Mrs Ms Full Name/Name of Corporation: Contact Person and Designation (for corporate donors only): NRIC/FIN/UEN (Required for auto-inclusion of tax deduction):	□ A corporate donc	or
MY/OUR PARTICULARS Please indicate if you are: An individual donor Title: Prof Dr Mr Mrs Ms Full Name/Name of Corporation: Contact Person and Designation (for corporate donors only): NRIC/FIN/UEN (Required for auto-inclusion of tax deduction): Mobile Tel: Home Tel:	□ A corporate donc	or

□ 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 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!