

## Dover Park Hospice Donation Form

Please complete the form and scan/mail to the following email/address:

TTSH Integrated Care Hub, 1 Tan Tock Seng Link, Singapore 307382

(E) [dph\\_fundraising@doverpark.sg](mailto:dph_fundraising@doverpark.sg) (T) 6500 7272 (F) 6254 7650



I am pleased to make a contribution of:  \$5,000  \$1,000  \$500  \$100  Other Amount S\$ \_\_\_\_\_

**Frequency:**  One-time donation  Monthly Donation via Debit/Credit card (Indefinite until notice to DPH)

Please tick here if you do not wish to receive tax deduction.

Please tick here if you wish to remain anonymous and your personal data/donation should not be published or recognized in any form.

Please tick here if you wish to be included in our electronic mailing list and be informed of any DPH fundraising activities and news.

Please fill in the following that is applicable to you. Do note that your information will be kept confidential.

### For Individual Donors

Name: Dr/Mr/Mrs/Ms \_\_\_\_\_  
Please underline your surname

NRIC / FIN\*: \_\_\_\_\_ Email: \_\_\_\_\_  
Required for tax deduction

Address: \_\_\_\_\_ S \_\_\_\_\_

Contact No.: (M) \_\_\_\_\_ (H) \_\_\_\_\_ (O) \_\_\_\_\_

Patient's Name: \_\_\_\_\_ (If you have a relative that is under DPH's care)

In Memory Of: \_\_\_\_\_ (For donations above \$5,000 only)

### For Corporate Donors

Company Name: \_\_\_\_\_ UEN/ROC\*: \_\_\_\_\_  
Required for tax deduction

Address: \_\_\_\_\_ S \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Contact No.: (M) \_\_\_\_\_ (H) \_\_\_\_\_ (O) \_\_\_\_\_

*\* Singapore tax resident will receive 2.5 times tax deductions for donations.*

### Payment Details

Crossed Cheque (payable to "Dover Park Hospice") Cheque No.: \_\_\_\_\_

Debit / Credit Card  VISA  MASTERCARD

Card No:     Expiry:  /   
M M Y Y Y Y

Digital Payment via Fave / GrabPay / SGQR Code (transaction limit is \$999.00)

FAVE Receipt ID: \_\_\_\_\_ GrabPay Transaction ID: \_\_\_\_\_ NETS STAN No.: \_\_\_\_\_

Cash (Please make the cash donation at Level 3, Reception)

### Signature of Donor/Date

#### Personal Data Notice & Consent

Relevant information may be disclosed to the authorities upon request, or as may be required by applicable law or regulation. By submitting this form, I hereby consent to allow Dover Park Hospice and its agents (collectively "DPH") to collect, use, disclose personal data about me to be updated with information about DPH and materials relating to outreach and fundraising events, campaign and activities either by postal mail and/or electronic transmission to my email address or to my telephone number(s) by way of Voice call / phone call, SMS/MMS (text messages) or fax. DPH's disclosure of the personal Data of individuals to any parties shall be in compliance with the PDPA. DPH will put in place reasonable security arrangements to ensure that the personal data of individuals is adequately protected and secured. Appropriate security arrangements will be taken to prevent any unauthorized access, collection, use, disclosure, copying, modification, leakage, loss, damage and/or alteration of such personal data. I hereby represent and warrant that I am the user and/or subscriber of the telephone number(s) provided by me above, and that I have read and understood the above provisions. If you have any questions relating tour collection, use and disclosure of your personal data or the matters set out in this document, you may contact our Office at [dpo@doverpark.org.sg](mailto:dpo@doverpark.org.sg).