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) ce@doverpark.sg (T) 6500 7272 (F) 6254 7650



I am pleased to n	nake a contribution of:	\$5,000 🗆 \$1,000 🗆 \$50	00
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 ta you wish to remain anonymo you do not wish to be include	us.	
Please fill in the f	ollowing that is applicable	to you. Do note that your	r information will be kept confidential.
For Individual Do	nors		
Name: Dr/Mr/M	rs/Ms	Please underline vous surname	
	for tax deduction		
			s
Contact No.: (M)_		(H)	(0)
Patient's Name: (If you have a relative that is under DPH's care)		u have a relative that is under DPH's care)	
In Memory Of:	emory Of: Remarks:		arks:
For Corporate Do			
Company Name:		UEN/ROC*:	
			S
Contact Person:	ntact Person: Email:		
Contact No.: (M)_		(H)	(O)
* Singapore tax resident	t will receive 2.5 times tax deductions	for donations. Remarks:	
Payment Details			
	e (payable to "Dover Park Hosp		
□ Debit / Credit Ca	ard □ VISA	□ MASTERCARD	,
Card No:			Expiry:
□ Cash (Please ma	ke the cash donation at Level	3, Reception)	M M Y Y Y
□ PayNow to UEN	: S92SS0138D		
VEA.05-272	Please indicate under Reference Number: GD <space> NRIC <space> Mobile no. e.g. GD S1234567X 91234567</space></space>		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