

Donation Form

Please mail the completed form to the following address:

Dover Park Hospice, 10 Jalan Tan Tock Seng Singapore 308436
(E) vijing_tan@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- Please tick here if you wish to remain anonymous and your personal data/donation should not be published or recognised in any form.
- Please tick here if you wish to be included in our electronic mailing list and be informed of any fundraising activities and DPH 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, a Sunflower Plaque will be engraved In Memory Of a loved one)

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 1 of our Admin Office)

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 our 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.