

GIFT FORM Corporate Donor

Please send the completed form to Duke-NUS Development.

By mail: Duke-NUS Medical School, 8 College Road, Level 6, Singapore 169857

By email: development@duke-nus.edu.sg

By contact number: +65 6516 7074 / +65 6601 1131

PLEASE USE CAPITAL LETTERS				
1 OUR GIFT WILL SUPP (Please tick.)	ORT [*]	2 OUR GIFT (Please enter gift amount.)		3 GIFT FREQUENCY (Please tick one.)
Duke-NUS Student Final	ncial Aid Fund	S\$		One-time
Other:			(Please specify.)	Monthly*
(Please sp	pecify.)			Annually*
*If more than one option is chosen distributed equally between my optio or incomplete, my gift will go toward Student Financial Aid Fund.	n, my gift will be ns. If unspecified Is the Duke-NUS	To obtain a tax deduction, all corporate donors must provide their Singapore tax reference number e.g. UEN.		*We authorise Duke-NUS to continue to deduct my monthly / annually gift from the credit/debit card included in this form, including any replacement card thereof issued to me, until written termination is received from me.
4 GIFT FULFILMENT (Please tick one.)				PLEASE USE CAPITAL LETTERS.
Credit/Debit card (Visa/ Master	Card/ AMEX):		
Card No.:				
Expiry Date: (MM/YY) OR	Expiry date required if giving via credit/debit card			
Cheque No: Crossed and made out in favour of 'National University of Singapore'.				
5 MY PARTICULARS (Plea	ase fill in <u>ALL</u> fields.)			PLEASE USE CAPITAL LETTERS.
Name of Company:				
Contact Person: P	Prof Dr	Mr Mrs	Ms UEN Number: (Tax Reference No.)	
Family Name:				
Given Name:				
Designation:				
Email Address:				
Office No.:			Mobile:	
Address:				
Unit No.:			Postal Code:	
Country:				

We do not wish to be identified as the donor of this gift in NUS publicity materials.

Signature of donor / Date:

We agree that 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.