

# **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**



**Duke-NUS Student Financial Aid Fund** 

Other:

(Please specify.)

\*If more than one option is chosen, my gift will be distributed equally between my options. If unspecified or incomplete, my gift will go towards the Duke-NUS Student Financial Aid Fund.

## 2 OUR GIFT

(Please enter gift amount.)

S\$

(Please specify.)

To obtain a tax deduction, all corporate donors must provide their Singapore tax reference number e.g. UEN.



One-time

Monthly\*

Annually\*

\*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.

PLEASE USE CAPITAL LETTERS.

## 4 GIFT FULFILMENT (Please tick one.)

Credit/Debit card ( Visa/ MasterCard/ AMEX):

Card No .:

Expiry Date:

Expiry date required if giving via credit/debit card

(MM/YY) OR

Cheque No:

Crossed and made out in favour of 'National University of Singapore'.

### 5 MY PARTICULARS (Please fill in ALL fields.)

#### PLEASE USE CAPITAL LETTERS.

Name of Company:

Contact Person: Prof Dr Mr Mrs Ms UEN Number:

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.