

GIFT FORM

Individual 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 6601 1131 / +65 6516 7074

PLEASE USE CAPITAL LETTERS.

1 MY GIFT WILL SUPPORT ^{*}

(Please tick)

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 MY GIFT

(Please enter gift amount)

S\$

(Please specify.)

Singapore tax residents are eligible for a tax deduction 2.5 times the gift value for gifts made in 2021.

3 GIFT FREQUENCY

(Please tick one.)

One-time

Monthly*

Annually*

**I 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/ MasterCard/ AMEX):

Card No.:

Expiry Date: /
(MM/YY)

Expiry date required if giving via credit/debit card

OR

Cheque No:

OR

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

Payroll (for staff whose primary employer is Duke-NUS) Duke-NUS Staff No.:

5 MY PARTICULARS (Please fill in ALL fields.)

PLEASE USE CAPITAL LETTERS.

Title: Prof Dr Mr Mrs Ms

Family Name:

Given Name:

NRIC/FIN/Passport:

Nationality:

Address:

Unit No.:

Postal Code:

Email:

Contact No.:

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

Signature of donor / Date:

I agree that my 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.