



Please send

By mail: Development Office
Duke-NUS Graduate Medical School Singapore
8 College Road Singapore 169857
By fax: (65) 6221 8147
By email: development@duke-nus.edu.sg
Enquires: (65) 6601 2388
Give Online: http://www.duke-nus.edu.sg/giving

Gift Form (Please tick in the relevant boxes)

Personal (NRIC/FIN: _____) Corporate (Company UEN: _____)

(For Singapore tax residents to enjoy auto-inclusion of donations in their IRAS tax assessment)

My Gift

I would like to support Duke-NUS & SingHealth partnership's

Research and Education Programs under

- Academic Medicine (AM)
AM Education Institute (AM.EI)
AM Research Institute (AMRI)
Anesthesiology ACP
Cardiovascular ACP
Duke-NUS
Family Medicine ACP
Medicine ACP
Radiology ACP
Neuroscience ACP
Obstetrics & Gynecology ACP
Ophthalmology ACP
Oral Health ACP
Oncology ACP
Pathology ACP
Pediatrics ACP
Radiology ACP
Surgery ACP
Others: _____

I would like to support Duke-NUS

- Community Service Projects
Student Financial Aid
Doctors for Doctors Fund
Pediatric Research Fund
Pediatric Cancer Research Fund
Duke-NUS General Fund
Others: _____

By donating

- A monthly gift of S\$ _____ for _____ months.
A one-time gift of S\$ _____

All eligible gifts attract a 1:1 government matching grant. Singapore tax residents will receive a 250 percent tax deduction.

Payment Method

- I enclose a cheque [No: _____] crossed and in favor of "NUS (Duke-NUS)"
Please charge to my credit/debit card
Card no. : _____
Expiry Date : _____ (month/year)
I hereby authorize NUS to charge my credit/debit card on the period and amount selected until notification of cancellation in writing by me.
Cash Donation

Particulars of Donor/Contact Person

Name: Dr/Mr/Mrs/Ms/Mdm _____ Designation: _____
Company: _____ Department: _____
Address: _____
Mobile: _____ Office: _____ Email: _____

- I do not wish to be identified as the donor of this gift in Duke-NUS/NUS/SingHealth publicity materials.
I do not wish to receive update emails/mails from the Duke-NUS/NUS/SingHealth.
I give consent to Duke-NUS/NUS/SingHealth to call me on events and activities updates.

(We agree that our gift is subject to NUS' Statutes and Regulations and to its Standard Terms and Conditions for gifts to the University.)
(Please refer to http://giving.nus.edu.sg/images/files/Standard-Terms-and-Conditions-for-Gifts.pdf)

Authorized Signatory: _____

Thank You for Your Generous Support!