



您的每份心意
都为生命创造奇迹

EVERY GESTURE
MATTERS TO
OUR KIDNEY PATIENTS



The National Kidney Foundation

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81 Kim Keat Road
Singapore 328836



和我们携手同心守护生命、赋予希望

衷心感谢您

FOR MAKING A DIFFERENCE
IN THEIR LIVES

THANK YOU



My Particulars 我的个人资料

Personal Donation 个人捐款 **Corporate Donation** 机构捐款

Name 姓名: Mr 先生 Mrs 太太 Mdm 女士 Ms 小姐 Dr 博士

Corporate name 机构名字:

For corporate donations, please provide contact person's name and designation 公司捐款, 请提供联络人姓名及职位

NRIC/FIN/UEN 身份证/准证/机构识别号码*:

Compulsory for automation tax deduction 应自动税务评估而需

Date of birth 出生日期:

Day 日 / Month 月 / Year 年

Address 地址:

Contact no. 联络号码:

Email 电邮:

I give my consent to NKF to update/contact me on its education & prevention and fundraising programmes.
我同意NKF联络我有关肾脏教育预防与筹款的信息。

My Gift 我的捐款

Monthly 按月捐款 **Yearly** 按年捐款

One Time 一次捐款

\$5 \$50 \$100

\$50 \$500 \$1,000

Special gift amount
特别款项: \$

Special gift amount
特别款项: \$

I am an existing monthly/yearly donor, please increase my gift to:
我是一名“生命点滴”捐献者, 请将我的按月或按年捐款增加至:
\$

* You are entitled to a tax-deduction of 2.5 times of your donation amount and it will be automatically included in your tax assessment. As such, IRAS requires you to provide your NRIC/FIN/UEN. Tax deductible receipts will no longer be issued.

您的捐款将享有2.5倍于捐款额的扣税优待并将自动纳入您的税务评估, 因此请提供您的身份证/准证/机构识别号码。我们将不会另行发出免税收据。

Payment Mode 捐款方式 *Please do not send donations by cash. 请勿邮寄现金捐款。*

Cheque 支票 For one-time donation only 仅限一次捐款

No. 号码:

Made payable to "NKF" 受惠团体为 "NKF"

Credit Card 信用卡 For monthly, yearly and one-time donation 仅限按月, 按年或一次捐款

Card no. 信用卡号码: (Visa/Mastercard/AMEX/Diners)

□	□	□	□	□	□	□	□	□	□
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Expiry date 有效期至:

□	□	□	□	□	□
Month 月			Year 年		

Name on card 信用卡显示姓名:

Signature 签名:

Giro 财路 For monthly and yearly donation only 仅限按月和按年捐款

Please fill in **GIRO Donation Form** below 请填写以下财路捐款表格

GIRO Donation Form 财路捐款表格

For Donor's Completion 由捐款者填写

Bank 银行:

Bank account no. 户口号码:

Name(s) as in bank account 户口姓名:

Signature & date 签名及日期:

For NKF's completion 由NKF填写	
SWIFT BIC	Billing organisation's account no.
DBSSSGSG	0250080556
Billing organisation's customer ref no.	
SWIFT BIC	Account no. to be debited

For bank's completion 由银行填写	
To: The National Kidney Foundation	Name of approving officer:
This application is hereby REJECTED for the following reason(s) (please tick):	
<input type="checkbox"/> Signature/thumbprint* differs from Bank's records	Authorised signature:
<input type="checkbox"/> Signature/thumbprint* is incomplete/unclear*	
<input type="checkbox"/> Account is operated by signature/thumbprint*	
<input type="checkbox"/> Wrong account number	
<input type="checkbox"/> Amendments are not countersigned by customer	Date: