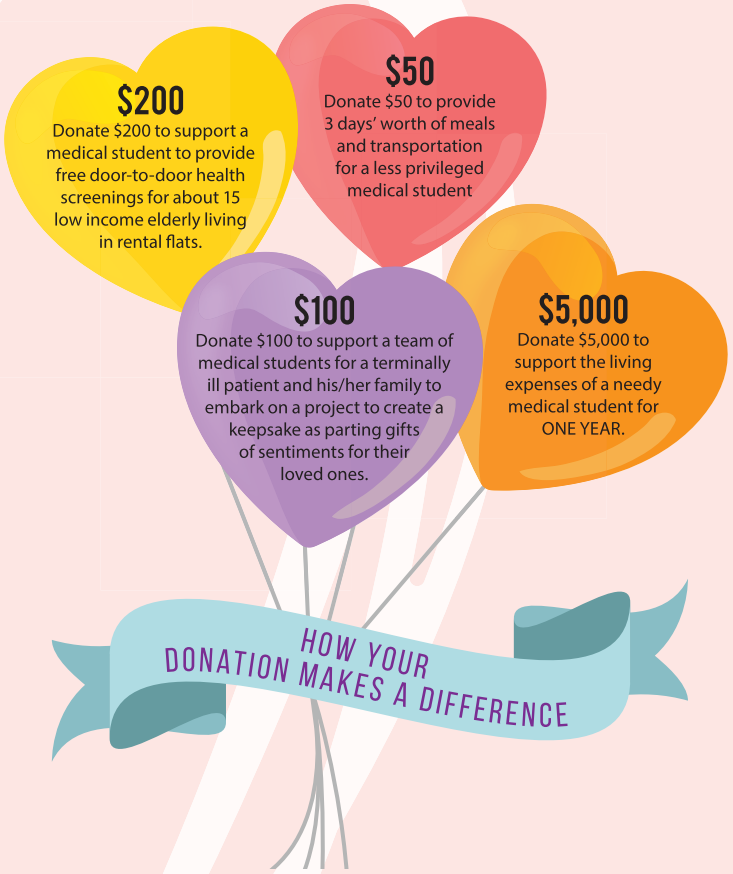
VISION A compassionate profession that impacts healthcare.

MISSION Strengthen medical professionalism to benefit the community.



SMA Charity Fund
For Doctors, For Patients

c/o Singapore Medical Association
2 College Road Level 2, Alumni Medical Centre Singapore 169850

Email: smacharity@sma.org.sg
Tel: 65 6223 1264
Website : http://www.sma.org.sg/smacf

Sector Administrator: Ministry of Health

UEN20130517E

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SMA Charity Fund
2 College Road Level 2
Alumni Medical Centre
Singapore 169850

SMA Charity Fund
For Doctors, For Patients

is a registered charity (UEN: 20130517E)

GLUES ALL SIDES FIRMLY

DONOR'S PARTICULARS

(for the purpose of tax exemption and receipts)

Full Name (as per NRIC / Passport): (Dr/Mr/Mrs/Ms)

_____

NRIC / FIN / Passport No.: _____

Contact No.: _____

Email: _____

Date of Birth: _____ Gender: M / F

Company Name (For Corporate Donation):

_____

UEN No.: _____ Designation: _____

Mailing Address: _____

_____

_____

All donations would qualify for tax deduction and be automatically included in your tax assessment for amount above $50, if you provide your NRIC / FIN / UEN.

1. I would like to dedicate my donation to:

- ☐ SMACF General Purpose Fund (By designating to this fund, you enable to Board to channel resources to other SMACF's works – *default if left unselected*
- ☐ SMA Medical Students' Assistance Fund (one of SMACF core programmes)

2. Please tick this box if you wish to keep your donation anonymous

- ☐ I prefer to remain anonymous

3. We would like to keep in touch with you through updates on the work of the SMA Charity Fund, but if you prefer not to receive updates, please tick this box:

- ☐ I prefer to be excluded from your mailing list.

PLEASE INDICATE THE AMOUNT & FREQUENCY:

For NEW Donor and/or ONE-TIME Donor:

I would like to make a ✓

- ☐ ONE-TIME contribution ☐ MONTHLY contribution
- ☐ S$50 ☐ S$100 ☐ S$200 ☐ S$500
- ☐ others S$ _____(please state amount)

For EXISTING MONTHLY Donor:

I would like to increase my GIFT contribution. My new TOTAL monthly contribution is ✓

- ☐ S$100 ☐ S$200 ☐ S$500
- ☐ others S$ _____(please state amount)

Legacy Gift:

This gift is in memory / in honour of

_____

☐ By Cheque

Please issue your cheque payable to the "**SMA Charity Fund**". On the reverse side of the cheque, please include your full name, NRIC / FIN / UEN number and contact number. Please enclose the cheque in this self-addressed mailer

Issuing Bank | Cheque No

Note:
1. *By filling out this donation form, it is deemed that you have consented for SMA Charity Fund to use your personal information for donation-related and communication purposes.*
2. *Please allow 4-6 weeks for processing.*
3. *Donation via credit card (including renewed card) will remain in force until SMA Charity Fund receives your termination request.*

☐ By Credit Card

(Visa / MasterCard) No.:

Name of Bank

Security Code | Exp Date

(The 3 digits at the back of the credit card)

_____ _____

Signature Date

☐ By GIRO

Name of Bank

Name(s) as in Bank's Record

Bank Account Number

_____ _____

Signature(s) / Thumbprint(s)* Date

[According to Bank's specimen signature(s)]
**For thumbprint, please go to the branch with your identification.*

- *I / We hereby instruct you to process SMA Charity Fund's instructions to debit my / our account.*
- *You are entitled to reject SMA Charity Fund's debit instructions if my / our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.*

This authorisation will remain in force until:
(i) the Bank's written notice sent to my / our address last known to the Bank;
(ii) upon the Bank's receipt of my / our written revocation;
(iii) upon the Bank's receipt of the notice of expiry from SMA Charity Fund.

FOR SMA CHARITY FUND'S USE ONLY

SMA Charity Fund's Account to be credited

SWIFT BIC	BILLING ORGANISATION'S ACCOUNT NO
OCBCSGSGS	6478-5487-6001

SWIFT BIC	BILLING ORGANISATION'S ACCOUNT NO

BILLING ORGANISATION'S CUSTOMER REF NO											
S	M	A	C	F							

FOR BANK'S OFFICIAL USE ONLY

To: SMA Charity Fund

APPROVED / REJECTED. *[Please tick the following reason(s):]*

- ☐ Signature / Thumbprint differs from Financial Institution's records
- ☐ Signature / Thumbprint incomplete / unclear
- ☐ Amendments not countersigned by customer
- ☐ Wrong account number
- ☐ Account operated by signature / thumbprint *(*Please delete where applicable)*
- ☐ Others:

_____ _____ _____

Name of Approving Officer Authorised Signature Date

Thank you for your kind contribution.

GLUES ALL SIDES FIRMLY