



Woodbridge Hospital Charity Fund Donation Form

I would like to make a difference to the lives of individuals with mental health conditions by making the following donation to the Woodbridge Hospital Charity Fund (WHCF).

1. I am donating as a/an
 - Corporate/Group Donor
 - Individual Donor

2. Donation Amount & Details

All donations are eligible for a tax exemption of 2.5 times the value of your donation to the WHCF.

I would like to make a

- One-time donation (SGD) of \$_____.
- Monthly recurring donation (SGD) of \$_____.

Do you require a tax exemption?

For donations of SGD\$50 and above, a tax-exemption receipt will be sent to a valid email address approximately 8 to 10 weeks after the donation is received.

- Yes
- No

Would you like to make this an anonymous donation?

Your name will not be publicly acknowledged as a WHCF donor on IMH collaterals, including but not limited to the WHCF webpage, donor wall, brochures, etc.

- Yes
- No

(Optional) Would you like to designate your donation for a specific programme or cause? Please specify.

If you designate funds for a specific programme, we will honour this request. However, should the programme end or become unfeasible, your donation will be redirected to our general fund or another charitable purpose aligned with our mission. We will notify you of any such changes where possible.

I will donate via

Bank Transfer

Account Name: Woodbridge Hospital Charity Fund

Bank Name: DBS Bank

Account No: 0720208790

Swift Code: DBSSSGSG

Bank Address: 12 Marina Boulevard, DBS Asia Central
Marina Bay Financial Centre Tower 3
Singapore 018982

PayNow



Scan the QR code or enter the UEN into your mobile banking app: 201940371M.

For tax exemption, please provide your Full Name or FIN or UEN in the reference field (e.g. S1234567A.)

Cheque

Kindly make your cheque payable to the "Woodbridge Hospital Charity Fund."

For tax deduction, please also write your name/company name and NRIC number/company registration number on the back of the cheque.

Please mail your cheque to:

Woodbridge Hospital Charity Fund, LHBM Philanthropy Department
c/o Institute of Mental Health
Buangkok Green Medical Park
10 Buangkok View
Singapore 539747

Monthly GIRO

- By my own arrangement
- By WHCF's GIRO collection service (please fill up the attached INTERBANK GIRO form)

Cash

3. Contact Information

The data collected will be used and disclosed for the purposes of issuing tax exempt receipts, mailing thank you letters, and other related donor management activities.

Individual Donors Only

Full Name (as stated in NRIC/FIN/Passport): _____

NRIC/FIN (please include if you require a tax exemption): _____

Email: _____

Contact No. (Optional): _____

Mailing Address (Optional): _____.

Corporate/Group Donors Only

Liaison Person: _____

Designation of Liaison Person: _____

Email of Liaison Person: _____

Company Name (as per ACRA): _____

Company Registration No./UEN (as per ACRA): _____

4. Consent & Acknowledgement

In compliance with the Personal Data Protection Act 2012 (PDPA), I/we hereby give consent to the Woodbridge Hospital Charity Fund Secretariat to collect my personal data and contact information as declared for purposes related to fundraising, data management, issuing of tax exempt receipts and other related donor management activities. Please visit IMH's Personal Data Protection Notification webpage for more information - <https://www.imh.com.sg/Pages/PDP-Notification.aspx>

I voluntarily provide my personal information, including my name, email address, and contact number as part of this donation process.

- Do you want to stay connected, receive updates, and be alerted on other fundraising and donating opportunities?

Any other comments?

Signature of Donor: _____ Date: _____