

DONATION FORM

1. I would like to make a difference to the lives of individuals suffering from mental illness by making the following donation to the Woodbridge Hospital Charity Fund (WHCF).

2. I am donating the sum of S\$_____ through the following mode of payment:
 - Cash
 - Cheque (payee name: 'Woodbridge Hospital Charity Fund')
Bank / Cheque No.: _____
 - Monthly Giro
 - by own arrangement
 - by WHCF's GIRO collection service (please fill up attached INTERBANK GIRO form)
 - Credit Card via Giving.sg portal (https://www.giving.sg/woodbridge_hospital_charity_fund)
 - NETS via Giving.sg portal (https://www.giving.sg/woodbridge_hospital_charity_fund)
 - PayNow Others: _____

3. I would like a tax exempt receipt (applicable to Singapore tax-payers only)
 - Yes No

PERSONAL DATA PROTECTION POLICY

In compliance with the Personal Data Protection Act 2012 (PDPA), I hereby give consent to the WHCF Secretariat to collect my personal data and contact information (as declared below) and the data collected may be used and disclosed for the purposes of issuing tax exempt receipts, mailing of thank you cards/letters, and other related donor management activities.

CONTACT INFORMATION

Name (as stated in NRIC / passport)*: _____

Company (if donation is made by the company) *: _____

NRIC / FIN no. / Company Business registration no.*: _____
(delete where appropriate)

Contact number: _____

Mailing address*: _____

Email: _____

(Fields marked with an asterisk* are required for issuing of tax exempt receipts.)



I am aware that I can withdraw this consent by emailing the WHCF Secretariat at si_jia_ng@imh.com.sg and that I may provide feedback (concerns, queries or complaints) about WHCF's personal data protection policies and practices to The Data Protection Officer at tel: 1800 386 4541.

PRIVACY POLICY

As an Institution of a Public Character, the Woodbridge Hospital Charity Fund (UEN: 201940371M) operates in compliance with the Charities (Institutions of a Public Character) Regulations 2007 and the Personal Data Protection Act 2012 (PDPA). If you have made a donation to the WHCF and received a receipt for taxation purposes, in compliance with the Charities (Institutions of a Public Character) Regulations 2007, the WHCF Secretariat is required to keep a record of your personal information for five years.

However, we will only collect personal information that is necessary. For example, your name and contact details will be used to process your donations, issue receipts and mail thank you cards/letters. The WHCF Secretariat would also like to provide donors with updates and to respond to your comments and questions.

The Woodbridge Hospital Charity Fund (WHCF) is committed to protecting the privacy and confidentiality of our donors. We will not publish personal information without donor's explicit/expressed consent, unless required by law. The WHCF does not sell, rent, lend or give away our donor or sponsor contact lists. The WHCF Secretariat has also put in place internal controls to ensure that all personal information we collect is protected from misuse, unauthorised access, modification or disclosure.

Donors may at any time choose not to receive some or all of our communications or not to be contacted for donor or fundraising events.

DONOR'S CONSENT

1. I give consent to have my name/my company's name publicly acknowledged as a WHCF donor on IMH collaterals, e.g. WHCF webpage on the IMH website, Donors' Board, WHCF brochure, etc.
 Yes No Only for these specific collaterals: _____

2. I give consent for the WHCF Secretariat to send me tax exempt or non-tax exempt receipts / thank you cards or letters / emails / letters / sms-es / and other forms of communication to keep me updated on donor or fundraising events and/or update me on the progress of the WHCF programmes that I have sponsored.
 Yes No Only for the following specific purposes and through these specific modes of communication: _____

3. Any additional comments (e.g. to ring fence donation for a particular programme or purpose):



Disclaimer: The WHCF Secretariat will assume donor consent to publicly list respective individuals/companies/organisations as WHCF donors in any of the following cases:

- i) This information is already in the public domain, other than as a result of the WHCF breaching our confidentiality commitments to donors.
- ii) Donor consent has been implicitly stated in donation appeal correspondence, e.g. when IMH/WHCF has stated that it would acknowledge the respective donor's name or logo in event publicity collaterals (i.e. banners, publications, advertisements) and donors have responded to such appeal letters; and
- iii) Donations to name IPCs, IPC facilities, events or programmes.

Signature of Donor: _____ Date: _____

Please mail the completed form to the following address:

Woodbridge Hospital Charity Fund
c/o Institute of Mental Health
Buangkok Green Medical Park
10 Buangkok View
Singapore 539747
Attn: Corporate Communications Department

For WHCF Secretariat's Completion

Verbal consent of donor for the collection and use of his/her personal data has been given to WHCF Secretariat staff.

Name and signature of WHCF Secretariat staff:

_____ Date: _____

Thank you for your donation!