

VISION

A compassionate profession that impacts healthcare.

MISSION

Strengthen medical professionalism to benefit the community.

\$200

Donate \$200 to support a medical student to provide free door-to-door health screenings for about 15 low income elderly living in rental flats.

\$50

Donate \$50 to provide 3 days' worth of meals and transportation for a less privileged medical student

\$100

Donate \$100 to support a team of medical students for a terminally ill patient and his/her family to embark on a project to create a keepsake as parting gifts of sentiments for their loved ones.

\$5,000

Donate \$5,000 to support the living expenses of a needy medical student for ONE YEAR.

HOW YOUR
DONATION MAKES A DIFFERENCE



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

Postage will
be paid by
addressee
For posting
in Singapore
only.

BUSINESS REPLY SERVICE
PERMIT NO. 09066



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



is a registered charity (UEN: 20130517E)



DONOR'S PARTICULARS

(for the purpose of tax exemption and receipts)

Full Name (as per NRIC / Passport):

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
- \$50 \$5100 \$5200 \$5500
- others \$ (please state amount)

For EXISTING MONTHLY Donor:

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

- \$5100 \$5200 \$5500
- others \$ (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:

- 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.
- Please allow 4-6 weeks for processing.
- 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)*

(According to Bank's specimen signature(s))

*For thumbprint, please go to the branch with your identification.

Date

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

Name of Approving Officer

Authorised Signature

Date

Thank you for your kind contribution.