Our kidney patients matter. Every gesture.

The National Kidney Foundation

BUSINESS REPLY SERVICE
PERMIT NO. 01593

NKF
81 Kim Keat Road
Singapore 328836

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

We wish to express our heartfelt thanks
In their lives for making a difference.

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
- Mdln 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，请提供联系人姓名及职位

NRIC/FIN/UEN 身份证/准证/机构识别号码 *
Compulsory for automatic tax deduction 供自动税务扣除

Date of birth 出生日期: 日/月/年

Address 地址:

Contact no. 联络号码:  
Email 电邮:  

I give my consent to NKFS to update/contact me on its education & prevention and fundraising programmes.
我同意 NKFS 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
- Special gift amount 特别捐款: $

I am an existing monthly/yearly donor, please increase my gift to: 我是一名“生命捐款”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, NKFS 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 倍于捐款金额的税项减免，并自动纳入您的税项评估。因此，请提供您的身份证/准证/机构识别号码。我们将不会另外发出免税收据。

Payment Mode 捐款方式

- Cheque  支票  For one-time donation only 只限一次捐款
  - No. 号码: Made payable to “NKFS” 受惠团体为 “NKFS”
- Credit Card  信用卡  For monthly, yearly and one-time donation 只限按月、按年及一次捐款
  - Card no. 信用卡号码: (Visa/Mastercard/AMEX/Diners)
  - Expiry date 有效日期至:  
- GIRO  财路  For monthly and yearly donation only 只限按月及按年捐款
  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

Bank 银行:

Bank account no. 户口号码:

Name(s) as in bank account 户口姓名:

For NKFS's completion 由 NKFS 填写

<table>
<thead>
<tr>
<th>SWIFT BIC</th>
<th>Billing organisation's account no.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DBSSSGSG</td>
<td>0250080556</td>
</tr>
</tbody>
</table>

For bank's completion 由银行填写

To: The National Kidney Foundation

This application is hereby REJECTED for the following reason(s) (please tick):

- □ Signature/thumbprint* differs from Bank's records
- □ Signature/thumbprint* is incomplete/unclear
- □ Account is operated by signature/thumbprint*
- □ Wrong account number
- □ Amendments are not countersigned by customer

Name of approving officer:  
Authorised signature:  
Date:  

Contact us: 1800-KIDNEYS (5436397)  
Email: contact_us@nkfs.org  
Tel: 6299 3164  

Jun 2020  
UBN: 200104750M