

Your gift, their hope.

At NHG Health, we are dedicated to keeping 1.5 million residents healthy and well. Yet, many low-income patients struggle to afford treatment. Your donation to the NHG Fund directly supports them.



Vital Patient Care

Thanks to donor support, Mdm Kan could receive care and transport to access the treatment she urgently needed for her skin condition. Now she is living life fully again.

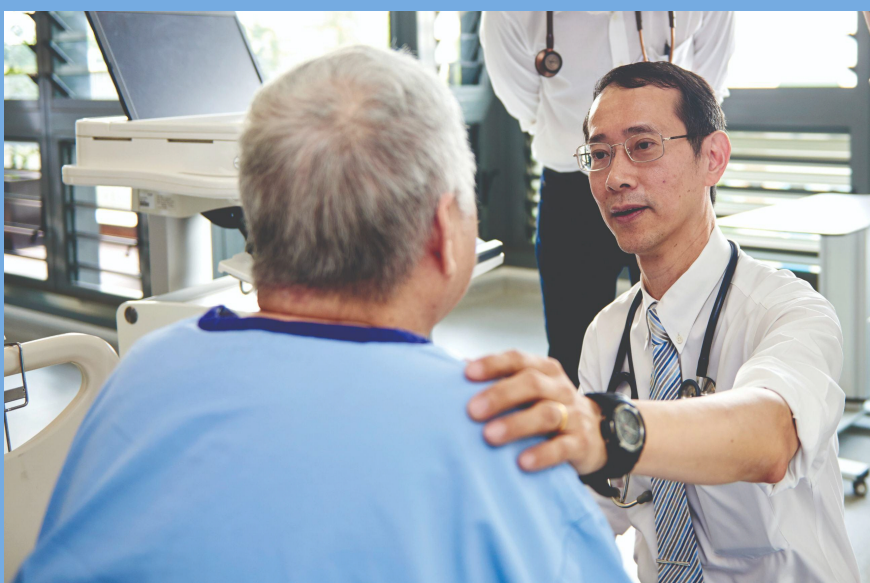
Your gift can help patients like her find their path to healing.



Life-Changing Rehabilitation

When an accident left Asyraf paralysed, our groundbreaking rehabilitation programme helped him walk again.

Your contributions can give patients like him a second chance at life.



Mental Health Support

When mental health challenges caused a family to lose their home, our team stepped in to help caregivers cope while enabling the whole family to recover.

Your generosity does not just help one person - it uplifts entire families.

Your gift goes far

\$10,000



Covers one year of **medical costs** for 10 low-income patients

\$30,000



Funds 150 **rehabilitation therapy sessions** to help patients recover their independence

\$50,000



Equips 690 youths with **mental resilience skills**

Please email the completed form to
nhgggroup.advancement@nhghealth.com.sg

Thank you for your gift of hope.

Gift Commitment

We would like to support the NHG Fund with a donation of SGD _____.

All monetary donations will enjoy a tax deduction of 250% (applicable to Singapore taxpayers).

☐ Please email me a tax deduction receipt (applicable for donations above \$50).

Our preference is to support

☐ Patient Care ☐ Rehabilitation Medicine
☐ Mental Health ☐ General ☐ Others: _____

While we strive to allocate your gift according to your preference, it may be directed to the area of greatest need— including advancing patient care, supporting life-changing research, and sustaining other vital programmes across NHG Health.

Contact Information

Name: (Dr / Mr / Mrs / Ms) _____

NRIC/FIN: _____

Email: _____ Contact Number: _____

Mailing Address: _____

Name of Authorised Signatory: _____ Signature / Date: _____

Payment Method

By Bank Transfer

Account name: National Healthcare Group fund

Bank name: DBS Bank

Account Number: 003-943-221-6

By PayNow

1. Please scan the QR code with the PayNow app or enter UEN 201623926M216

2. Under reference, please enter your organisation's UEN no. and name



Declaration

☐ I represent and warrant that I have the right and authority to submit this Corporate Gift Form ("Form") and to make the donation on behalf of the company named above.

☐ I have verified and hereby confirm that the information provided in this Form is accurate and complete, and that NHG Fund and/or its affiliates will not be responsible for any loss arising from the submission of any inaccurate or incomplete information.

☐ I understand and agree that the contact information provided in this Form is business contact information and is not provided for my personal purposes, and that NHG Fund may use and disclose the information submitted in this Form to tax authorities including for the purpose of issuing tax-deductible receipts and other donor-related management activities.