

Attention	:	Caroline Oh Blk 333 Kreta Ayer Road #03-33 Singapore 080333			
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Telephone	:	6559 2651	Fax	:	6225 0080

Yes, I would like to sponsor a dialysis machine 我希望捐赠透析机

Donation Amount 捐款金额: \$ _____

**A HDF machine costs between \$23,000 to \$25,000*

I would like to be acknowledged as _____

我愿意接受鸣谢，鸣谢芳名为 (insert name / 请于上行填写鸣谢名称)

I do not wish to be acknowledged in any form (eg. annual report, nameplate, donor roll)

我希望匿名捐款

Donor Details 捐款者详情:

Donor Name: 捐款者芳名	(Dr/Mr/Mrs/Ms/Mdm)		
Address: 地址		Singapore:	
NRIC/FIN/UEN No.: 身份证/工作证号码 <i>*necessary for issuing of tax-exemption receipt</i>			
Contact no.: 联络号码		Email: 电邮	
Signature: 签名		Date: 日期	

Payment Mode 捐款方式:

Cheque/Money order 支票捐款 (Bank/Cheque No.: _____)

**All cheques should be crossed and made payable to "KDF"*

支票捐款，请割双线并填写受益团体为“KDF”

Credit Card 信用卡 (Visa/Master Card/American Express/Diners) *(Please circle)

Card No.: □□□□-□□□□-□□□□-□□□□

信用卡号码

Expiry Date: □□-□□ CW: □□□□ (For Diners only)

止效日期

***Personal data collected will be automatically added to our mailing list. Please tick if you:**

您的个人信息将被列入 KDF 的邮寄列表。请打勾明示，如果您不愿意：

Do not wish to receive any communication materials from KDF 收到宣传资料/杂志

Do not wish to receive any *letters/receipts from KDF (*delete accordingly) 收到倡议信/捐款收据

By completing and submitting this form, I consent to KDF collecting, using, and disclosing my personal data for communication, administrative/academic purposes, research, and statistical reporting (whether by KDF or a third party and whether initiated by KDF or any relevant government authority).