

Attention	:	Tan Pei Zhen 333 Kreta Ayer Road #03-33 Singapore 080333			
Email	:	peizhen.tan@kdf.org.sg			
Telephone	:	6559 2652	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 (e.g. 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		Postal Code: 邮编	
NRIC/FIN/UEN No.: 身份证/工作证号码 *necessary for issuing of tax-exemption receipt			
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. 银行/支票号码: \_\_\_\_\_)

\*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:  
止效日期

□ □ - □ □

CVV:  
(For Diners Only)

□ □ □ □

\*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:

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

☐ Do not wish to receive any \*letters/receipts from KDF (\*delete accordingly) 不愿意收到倡议信/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).