



SINGAPORE CHUNG HWA MEDICAL INSTITUTION

Singapore Chung Hwa Medical Institution (SCHMI) is one of the largest charitable Traditional Chinese Medicine (TCM) organizations in Singapore. It provides TCM consultations, acupuncture and medicine to the needy, regardless of nationality, race, or religion, at subsidized rates. We serve an average of 350,000 patient visits a year at our Toa Payoh HQ Clinic and four of our branches at Yishun, Woodlands, Bukit Panjang and Joo Chiat.

OUR SERVICES

We provide free or subsidized TCM consultations and medicines to the needy.

HOW YOUR DONATION MAKES AN IMPACT

SCHMI subsidizes up to 60% of the cost of the service provided. Some of our poor and needy patients receive free treatments from us on a long-term basis. Our annual expenditure is as high as \$8 million and we rely on public donations for 40% of our expenditure.

WOODLANDS
Blk 679 Woodlands Ave 6
#01-710
Tel: 6366 3246

YISHUN
Blk 215 Yishun St 21
#01-301
Tel: 6756 7830

BUKIT PANJANG
Blk 123 Pending Rd
#01-42
Tel: 6766 7576

TOA PAYOH HQ
640 Lor 4 Toa Payoh
Tel: 62513304

JOO CHIAT
281 Joo Chiat Rd
#02-01 JK Centre
Tel: 64448727

All donations shall receive
2.5x tax deduction!
所有捐款将享有
2.5倍的税务回扣!

☐ Personal 个人

☐ Corporate 企业

PARTICULARS 资料

Name 姓名 (Dr / Mr / Mrs / Miss / Mdm):

Company Name 公司名称:

UEN No. : 公司注册号码:

Contact Person 负责人 (Dr / Mr / Mrs / Miss / Mdm):

Address 地址:

Postal Code 邮区:

NRIC/ FIN 身份证号码: Mobile 手机:

Please fill in your NRIC/ FIN number for 'Auto inclusion of tax-deduction donation'.

Tel 电话: Fax 传真:

Email 电邮:

☐ CREDIT CARD DONATION 信用卡捐款

☐ One-time Donation 一次捐款 ☐ Monthly Donation 每月捐款

Visa / Master Card No.

CVV No.

Expiry Date 有效日期: MM / YY

Amount:

捐款数额:

Signature:

签名:

☐ CHEQUE DONATION 支票捐款

Amount:

捐款数额:

Cheque No.:

支票号码:

Please write cheque payable to "Singapore Chung Hwa Medical Institution". Your donation may be acknowledged in our publications. If you do not wish your donation to be acknowledged this way, please tick the box here:

您的善心捐款可能会在我们的刊物中呈现。若您不愿接受此项安排, 请在右边的空格划勾:

Thank you for your generous support! 谢谢您的慷慨解囊!

For more information, please contact 若您需要其它的资料, 请联络

SINGAPORE CHUNG HWA MEDICAL INSTITUTION

640 Lorong 4 Toa Payoh, Singapore 319522 Tel: 6251 3304 Fax: 6254 0037

Email: chunghwa@singaporetcm.com Website: www.singaporetcm.com

MONTHLY GIRO DONATION 每月财路捐款

DIRECT DEBIT AUTHORISATION 财路扣款表格

To: The Manager

Bank & Branch Name 银行及分行

My/Our Name (as in Bank Account) 银行户口姓名

My/Our Bank Account No. 银行户口号码

Amount of each monthly GIRO deduction 每月之财路扣款为:

☐ \$5

☐ \$10

☐ \$20

☐ \$30

☐ \$50

☐ Others

I/We hereby authorize you to process Singapore Chung Hwa Medical Institution's instructions to debit my/our account.

You are entitled to reject Singapore Chung Hwa Medical Institution's debit instruction 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 authorization will remain in force until I/we have expressly revoked it by written notice delivered to you. You may in your absolute discretion terminate this arrangement by written notice delivered to my/our address last known to you.

I/We agree that you shall not be liable for any losses arising from or in any way connected with you so acting, provided that you act in good faith or unless directly caused by or resulting from you or your employee's willful default or negligence.

My/Our Signature(s) 捐款人签名

Date 日期

(According to bank's specimen signature(s) 签名需与银行记录一致)

TO BE COMPLETED BY SINGAPORE CHUNG HWA MEDICAL INSTITUTION

Bank Branch Singapore Chung Hwa Medical Institution Account No.

71710050050158532

Bank Branch Account need to be debited

Singapore Chung Hwa Medical Institution's Donor's Reference No.