



(SPRS-PAT-AAP TEXM)

Response Form

Please complete this form and return it via post, e-mail or fax

Attention	:	Resource Development & Communications Blk 333 Kreta Ayer Rd #03-33 Singapore 080333
Email	:	Daniel.yao@kdf.org.sg
Telephone	:	6559 2650
Facsimile	:	6225 0080

** By completing and returning this form, you consent to having the information provided be used for purposes of donation processing and related correspondence.*

<input type="checkbox"/>	Yes! I would like to sponsor patients in the Adopt-A-Patient Programme with a one-time donation of: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Other Amounts: \$ _____								
<input type="checkbox"/>	Yes! I would like to make a monthly donation of: <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> Other Amounts: \$ _____								
Cheques should be crossed and made payable to “Kidney Dialysis Foundation”									
Amount:	\$ _____								
Bank/Cheque No:	_____								
Or Credit Card (Visa/Master Card/American Express/Diners)									
Card No	Expiry Date								
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td> </tr> </table>				
CVV No. (For Diners only): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									

CONTACT DETAILS:

Organisation / Individual Name:		Dr/Mr/Mrs/Ms/Mdm	
Address:			Singapore:
NRIC or ROB/ROC No (*necessary for issuing of tax-exemption receipt):			
Email:		Designation:	
Office /Mobile No.:		Fax No.:	
Signature:		Date:	

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

- Do not wish to receive any communication materials from KDF
- Do not wish to receive any letters/receipts from KDF