



RESEARCH FUND DONATION/GIRO FORM (Ref: DTN-RHF)

Kidney Dialysis Foundation Limited
Blk 333 Kreta Ayer Road #03-33 Singapore 080333
Tel: 6559 2630 Fax: 6225 008

Individual Corporate

Organization/ Individual Name (Dr/Mr/Mrs/Miss/Mdm) : _____

ROC/ROB/NRIC/ Passport/ FIN No: _____ **Email:** _____

Address: _____ **(Postal Code)** _____

Tel: _____ **(H)** _____ **(O)** _____ **(HP)**

For Individuals, please include your NRIC/FIN No. for tax assessment purposes.
For Corporate Donors, please retain receipt for eventual submission to the Comptroller of Income Tax.

I Agree to Pledge to Kidney Dialysis Foundation Limited- Research and General Fund:

Annual Donation of \$ _____ **over the next 3 years commencing** _____ **(MM/YY)**

One Time Donation of \$ _____

Name/ Signature

Payment Mode:

Enclosed Cheque/ Money Order payable to "Kidney Dialysis Foundation Ltd"
Amount: \$ _____ Bank/ Cheque No: _____

Card (Visa/ Mastercard/ American Express/ Diners/ JCB Card) (Please Circle)
Card No: _____
Name as appears on card: _____ CVV 2 No. _____
Issuing Bank: _____ Expiry Date: _____ (MM/YY)

Signature as per Bank's Record

I would like to apply for Interbank Giro

For Donor's Completion:

Date: _____
To: (Name of Bank) _____ Branch: _____
Name(s) as per Bank's Record: _____
Bank Account Number: _____
Donor's Name: _____
Donor's Nric/Passport/Fin No/ROC/ROB: _____
Contact Numbers: _____ (H) _____ (O) _____ (HP)

Name of Billing Organization: **KIDNEY DIALYSIS FOUNDATION LTD**

- a. I/We hereby instruct you to process the Kidney Dialysis Foundation's Instructions to debit my/our account.
- b. You are entitled to reject the Kidney Dialysis Foundation's debit instructions if my/our account does not have sufficient funds and charge me a fee for this. You may also at your discretion allow the debit even if this results in overdraft on the account and impose charges accordingly.
- c. This authorization will remain in force until terminated by your written notice sent to me/our address last known to you upon receipt of my/our written revocation through the Kidney Dialysis Foundation.

d. _____
Thumbprint(s)/ Signature(s) as per Bank's Records