

GIFT FORM

Corporate Donor

Please send the completed form to NUS Development Office.

By mail: Shaw Foundation Alumni House,

#03-01, 11 Kent Ridge Drive,

Singapore 119244

By fax: (65) 6775 9161
By email: giftprocessing@nus.edu.sg

PLEASE USE CAPITAL LETTERS.

1 OUR GIFT WILL SUPPORT + (Please tick.)	2 OUR GIFT (Please tick one.)	3 GIFT FREQUENCY (Please tick one.)
□ NUS Endowment Fund	□ S\$	☐ One-time
Other:(Please specify.)	(Please specify.)	☐ Monthly*
if more than one option is chosen, my gift will be listributed equally between my options. If unspecified or neomplete, my gift will go towards University-wide icholarships. Singapore tax residents are eligible for a tax leduction 2.5 times the gift value for gifts made in 2020.	To obtain a tax deduction, all corporate donors must provide their Singapore tax reference number e.g. UEN.	*We authorise the University to continue to deduct my monthly gift from the credit/debit card included in this form, including any replacement card thereof issued to me, until written termination is received from me.
4 GIFT FULFILMENT (Please tick one.)		PLEASE USE CAPITAL LETTERS.
☐ Credit/Debit card (Visa/MasterCard	/AMEX):	
Card No.:		
Expiry Date: /	Expiry date required if o	giving via credit/debit card
OR ☐ Cheque No:		
crossed and made out in favour of '	National University of Singapore'	
5 MY PARTICULARS (Please fill in ALL fields.		PLEASE USE CAPITAL LETTERS.
Name of Company:		
Contact ☐ Prof ☐ Dr ☐ Person	Mr □ Mrs □ Ms Tax Ref:	
Family Name:		
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☐ We do not wish to be identified a	s the donor of this gift in NUS publicity materials.	
Name of Authorised Signatory:		/Date:
We agree that our gift is subject to NUS' Statutes a updated for compliance with the Personal Data Pro	nd Regulations, and to its Standard Terms and Conditions for Gift ection Act 2012.	ts (as may be amended from time to time by the University,

