

# NUS GIVING

## Gift Form Individual Donor

Medicine

Arts & Social Sciences

Music

Science

Please send  
by mail: Development Office  
National University of Singapore  
Shaw Foundation Alumni House,  
#03-01, 11 Kent Ridge Drive,  
Singapore 119244  
By fax: (65) 6775 0637  
By email: [giftprocessing@nus.edu.sg](mailto:giftprocessing@nus.edu.sg)

### My Gift

I would like to make:

A monthly gift of \$ \_\_\_\_\_ for \_\_\_\_\_ months.

An annual gift of \$ \_\_\_\_\_ for \_\_\_\_\_ years.

A one-time gift of \$ \_\_\_\_\_.

To support:

NUS Endowment Fund

Other : \_\_\_\_\_ (please specify)

*Singapore tax residents  
will receive a 250 percent  
tax deduction.*

### Payment Method

I enclose a cheque [No.: \_\_\_\_\_] crossed and in favour of "National University of Singapore"

Please charge my credit card / debit card: Visa / MasterCard / American Express

Card No.:

Expiry Date: \_\_\_\_\_ (MMYY)

### My Particulars

Name (Prof /Dr /Mr /Mrs /Ms): \_\_\_\_\_  
(Family Name) (Given Name)

Mobile Tel: \_\_\_\_\_ Home Tel: \_\_\_\_\_ Office Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I do not wish to be identified as the donor of this gift in NUS publicity materials.

NRIC/FIN: \_\_\_\_\_

*(To obtain a tax deduction, all individual donors must provide their Singapore tax reference number e.g. NRIC/FIN.)*

I hereby authorise the University to continue to deduct monthly/annual payments from the credit card indicated above until written termination is received from me.

Signature of donor: \_\_\_\_\_

*(I agree that my gift is subject to NUS' Statutes and Regulations, and to its Standard Terms and Conditions for Gifts [as may be amended from time to time by the University], updated for compliance with the Personal Data Protection Act 2012.)*



Thank you for your support!

If you need to contact us, call 1800-338-3567  
[www.giving.nus.edu.sg](http://www.giving.nus.edu.sg)