

1 MY GIFT WILL SUPPORT + (Please tick.)

☐ University-wide Bursaries

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

GIFT FREQUENCY (Please tick one.)

☐ One-time

By email: giftprocessing@nus.edu.sg

PLEASE USE CAPITAL LETTERS.

2 MY GIFT (Please tick one.)

□ S\$ 500

☐ University-wide Scholarships	□ S\$ 120	☐ Monthly*
Other:(Please specify.)	☐ S\$(Please specify.)	
+If more than one option is chosen, my gift will be distributed equally between my options. If unspecified or incomplete, my gift will go towards University-wide Scholarships. Singapore tax residents are eligible for a tax deduction 2.5 times the gift value for gifts made in 2020.	Singapore tax residents are eligible for a tax deduction 2.5 times the gift value for gifts made in 2020.	*I 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	giving via credit/debit card
OR ☐ Cheque No:		
crossed and made out in favour of 'N	National University of Singapore'	
OR ☐ Payroll (for staff whose primary emp	oloyer is NUS) NUS Staff No.:	
5 MY PARTICULARS (Please fill in ALL fields.)		PLEASE USE CAPITAL LETTERS.
Title:	Mr □ Mrs □ Ms	
Family Name:		
Given Name:		
NRIC/FIN: -	-	
Contact No.:	Country:	
Address:		
Unit No.:	Postal Code:	
Email Address:		
☐ I do not wish to be identified as th	ne donor of this gift in NUS publicity materials.	
Signature of donor / Date:	d Regulations, and to its Standard Terms and Conditions for Gif	fts (as may be amended from time to time by the University),



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