

1 MY GIFT WILL SUPPORT +

GIFT FORM

Individual 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

3 GIFT FREQUENCY

PLEASE USE CAPITAL LETTERS.

2 MY GIFT

□ NUS Endowment Fund □ Other:	ify.)	□ s\$	(Please specify.)		One-time Monthly*		
+If more than one option is chosen, distributed equally between my options. incomplete, my gift will go towards Scholarships. Singapore tax residents are deduction 2.5 times the gift value for gift	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.)				PLEAS	E USE CAPITA	L LETTERS.
☐ Credit/Debit card (Visa	/MasterCard/AME	EX):					
Card No.:	-		-	-			
Expiry Date: (MM/YY) Expiry date required if giving via credit/debit card							
☐ Cheque No:							
crossed and made out i	n favour of 'Natio	nal University of Sin	gapore'				
☐ Payroll (for staff whose	primary employe	r is NUS) NUS Sta	aff No.:				
5 MY PARTICULARS (Please fill in <u>ALL</u> fields.) PLEASE USE CAPITAL LETTERS.							
Title:	□ Dr □ Mr	☐ Mrs ☐ M	S				
Family Name:							
Given Name:							
NRIC/FIN: -							
Contact No.:			Cou	intry:			
Address:							
Unit No.:] -	Postal Code:					
Email Address:							
☐ I do not wish to be id	2: NUS' Statutes and Regu	ulations, and to its Standar			ay be amended fr	om time to time k	by the University),

