

MY GIFT WILL SUPPORT <sup>+</sup> (Please tick.)

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

3 GIFT FREQUENCY (Please tick one.)

By email: giftprocessing@nus.edu.sg

<ul> <li>□ University-wide Bursaries</li> <li>□ University-wide Scholarships</li> <li>□ Other: (Please specify.)</li> </ul>	□ S\$(Please specify.)	□ One-time □ Monthly*
+ If more than one option is chosen, my gift will be distributed equally between all 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 received by NUS between the period 1 January 2023 to 31 December 2026.	*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.)		
□ Credit / Debit card (Visa / MasterCard /AMEX): Card No.:		
Expiry Date: / (MM/YY) Expiry date required if giving via credit/debit card		
<u>OR</u>		
□ 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: ( □ Prof / □ Dr / □Mr / □ Mrs / □Ms	; ) (Family Name)	(Given Name)
	(Fairing Name)	(Given Name)
NRIC/FIN:(Required for auto-inclusion of to	Contact Number:	
(1.040.00.00.00.00.00.00.00.00.00.00.00.00		
Email:		
□ I do not wish to be identified as the donor of this gift in NUS publicity materials.		
Signature of Donor / Date:		
I agree that my gift is subject to NUS' Status	tes and Regulations, and to its Standard Term y), updated for compliance with the Personal D	s and Conditions for Gifts (as may be

2 MY GIFT

