



KWONG WAI SHIU HOSPITAL

廣 惠 肇 留 醫 院

Since 1910

Donation Form by GIRO or credit card

Yes! I would like to contribute to **Kwong Wai Shiu Hospital** every month.

Name Of Bank: _____

Address/Branch of bank: _____

Bank account no. _____ Name (as in bank account): _____

Contact no: _____ (Res) _____ (O) _____ (Hp)

NRIC no. _____ Email: _____

Postal address: _____

_____ Singapore: _____

Amount to be donated monthly: _____

📌 Kwong Wai Shiu Hospital's Bank A/C no. – 7339-521-049569-002

📌 We hereby authorize you to confirm acceptance/rejection of my DDA to Kwong Wai Shiu Hospital and further authorize Kwong Wai Shiu Hospital to initiate and you to process debits to my/our account each not exceeding the limit indicated even though this may result in an overdraft or an increase of the overdraft on my/our account. You are entitled to dishonour such payments and may at your discretion levy a fee should my/our account not contain the necessary funds. You are under no obligation to ascertain the name on the record of Kwong Wai Shiu Hospital is the same as that provided by me/us and whether or not notice of the bill underlying the debit has been given to me/us.

📌 This authorization shall continue in force until I/we have expressly revoked it by written notice delivered to you. You may in your absolute discretion terminate this arrangement by written notice delivered to my/our address last known to you.

📌 I/We agree that you shall not be liable for any losses arising from or in any way connected with you acting, provided that you act in good faith or unless directly caused by or resulting from you or your employees' willful default or negligence.

📌 Kindly send the completed forms to:

Kwong Wai Shiu Hospital,
Fund Raising Department,
705, Serangoon Road,
Singapore 328127

Or fax to 62958131. Attn to Ms Angie Ng, Fund Raising Department.

Date

My/Our Signature(s)
[According to Bank's specimen signature(s)]