



KWONG WAI SHIU HOSPITAL

廣 惠 肇 留 醫 院

Since 1910

Auction Form

Date: _____ Lunar Date (only in chinese): _____ Bidding Price: _____

Name of Organisation: _____

Name (Mr/Mrs/Mdm/Ms): _____

Company: _____ NRIC No: _____

Postal Address: _____

_____ Singapore: _____

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

Email: _____

Paying By: (a) Cash

(b) Cheque No. _____ Date Of Payment: _____

(c) VISA/Mastercard Card Number

Expiry Date
m m y y

(For Official Use Only)

Official Receipt (TBC): _____ Auction Item No: _____

Remarks: _____

Our Hospital will collect the payment within 90 days from the date of auction.

Cheque should be crossed and made payable to 'Kwong Wai Shiu Hospital'.
Please state 'Auction' behind the cheque.

All donations are double tax-deductible.

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.