

REPLY FORM (Pg 1 of 2)
(Kindly fax reply to 6295 8131)

Name: _____ Designation: _____ Organisation: _____

NRIC No. / UEN: _____ Address: _____ Postal Code: _____

Tel: _____ Fax: _____ Email: _____ HP: _____ Signature: _____

I/We am/are pleased to support Kwong Wai Shiu Hospital in fulfilling its dream. I/We would like to make a donation towards the following dream(s):

Options	Dream List 2021	Unit (s) Required	Unit Price (S\$)	Total Amount (S\$)	Qty	Donation Amount	Remarks
1	Infotainment Device + Customised software set up, device Holder and installation	50	\$1,200	\$60,000	-	-	\$350 partially fulfilled
2	Portable Aircon for Haze Room (8 levels)	8	\$8,057.10	\$64,456.80	-	-	1 Fulfilled
3	Snow (Innovation Robotic)	1	\$9,800	\$9,800	-	-	\$700 partially fulfilled
4	KWSH Happy Meal 2021 (Quarterly event; per quarter 16 wards residents & 120 nursing staff on duty for event day)	4	\$2,568	\$10,272	-	-	2 Units Fulfilled \$37 partially fulfilled
5	Sugalite Ice Cream 2021 (Monthly)	12	\$963	\$11,556	-	-	2 Fulfilled
6	Washing Machine (Top Load) – Model/Brand: Midea MT950B (9KG)	1	\$400	\$400	-	-	Fulfilled
7	Foam Mattress (Single) – Model/Brand: MaxCoil Town Square Single Size Foam Mattress 6 Inch	2	\$200	\$400	-	-	Fulfilled
8	Mobile Phone – Model/Brand: Oppo A15S 64GB	1	\$200	\$200	-	-	Fulfilled
9	Sharp 70" Android LED TV for KWSC@McNair	1	\$1,792.25	\$1,792.25	-	-	-
10	Sharp 32" Non Smart TV at each isolation room (Blk F; 2 Room x 4 Floor)	8	\$300	\$2,400	-	-	4 Fulfilled
11	Sharp 43" Non Smart TV for each level ward (Blk F)	4	\$410	\$1,640	-	-	2 Fulfilled

Donation for Dream List 2021

I/We would like to make a donation of S\$_____ (Cheque No : _____) to **Kwong Wai Shiu Hospital**.

(Address: 705 Serangoon Road Singapore 328127). Please indicate "Dream List 2021" and the particular item you wish to support on the back of the cheque.

Please provide your NRIC No. or UEN (or Business/Company Registration No.) to receive tax deduction.

Note to Donors: Any surplus amount remaining from Dream List donations will be channeled into the General Fund.

Last Update: 03 September 2021

REPLY FORM (Pg 2 of 2)
(Kindly fax reply to 6295 8131)

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NRIC No. / UEN: _____ Address: _____ Postal Code: _____

Tel: _____ Fax: _____ Email: _____ HP: _____ Signature: _____

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Options	Dream List 2021	Unit (s) Required	Unit Price (S\$)	Total Amount (S\$)	Qty	Donation Amount	Remarks
12	Carefort Sealing film (For infection control improvement and odour free for wards)	600	\$116.65	\$69,978	-	-	-
13	Air Mattress	10	\$2,728.50	\$27,285	-	-	-
14	Wheelchairs	30	214	\$6,420	-	-	2 Fulfilled \$72 partially fulfilled

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