With our second nursing home at Potong Pasir, KWSH has completed our expansion to six locations, covering Kallang-Whampoa and the neighbouring Potong Pasir and MacPherson areas. KWSH now operates close to 1,200 Kwong Wai Shiu Hospital (KWSH) has continuously worked on expanding its services and reach to better serve more needy elderly and the community. home beds in total, making us one of the largest nursing operators in Singapore. nursing

<mark>广惠肇留医院自创办以来,不断扩大服务范围,为社区有需要的长者提供更多更好的医疗与关爱服务。随着位于波东巴西的广惠肇第二家疗养院的启用,医院的服务基地已顺势扩大到六个地点,除了加冷黄埔区,还包括邻近的波东巴西区及麦波申区。此外,广惠肇的总床位也已增加到1200个,成为新加坡规模最大的疗养院服务业者之一。</mark>

For more information, please contact KWONG WAI SHIU HOSPITAL

Tel: +65 6422 1293 Fax: +65 6295 8131 705 Serangoon Road Singapore 328127 Email: fund_raising@kwsh.org.sg

www.kwsh.org.sg

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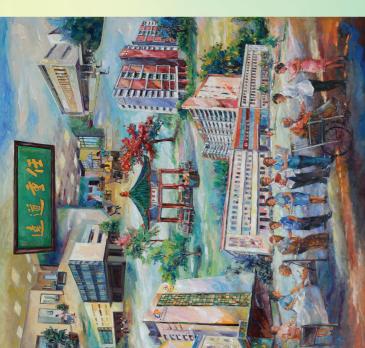


KWONG WAI SHIU HOSPITAL

Since 1910

Serving the Community Since 1910

专业护疗,时刻关怀 Always Professional, Always Caring



Established in 1910, Kwong Wai Shiu Hospital (KWSH) is a charitable healthcare organisation and is registered as an Institution of a Public Character, committed to looking after the sick and needy. In the last decade, KWSH has undergone numerous developments that have spurred our transformation into a community healthcare hub. The most significant development, completed in 2018, saw our Serangoon Road compound become Singapore's largest single-site nursing home with over 600 beds. Our Serangoon Road site also offers a comprehensive range of healthcare and eldercare services such as a Senior Care Centre and a Traditional Chinese Medicine (TCM) Centre.

Other developments included the launch of four satellite community care centres known as "KWS Care", which are conveniently located in the heartlands to make our care services even more accessible to seniors living in the vicinities. In October 2021, we commenced operations of our new Block F wards with capacity for chronic sick care, further increasing our inpatient capacity

to 750 beds housed across two buildings at Serangoon Road.

More recently, our second nursing home at Potong Pasir opened its doors in April 2022. This new care facility complements our existing nursing home with 438 nursing home beds and boost our total number of beds to nearly 1,200, making us one of the largest nursing home operators in Singapore.



KWSH continues to charge nominal fees despite the changing healthcare landscape and increasing operating expenses. With majority of our beneficiaries coming from lower-income families. KWSH depends on the public's donations to support the increasing healthcare expenses for the beneficiaries. Your gift will put a smile on the beneficiaries' faces and allow them to lead fulfilling lives.

Thank you for your generous support!

1910年创建的广惠肇留医院是新加坡历史悠久的慈善医院,多年来肩负着为贫困人士 提供优质医疗护理的重任。过去的十年,广惠肇名历了好些转型与发展,如今已经成 为一个社区医护中心,为人们提供全面、完善、便利的医疗保健服务。

年广惠肇完成医院史上最大规模的扩建,位于实龙岗路的主院区增设的新疗养 院大楼设有超过600个床位,广惠肇也成为新加坡最大的单址疗养院。主院区同时也 提供康复中心、中医和社区护理服务等等,成为一个拥有完善医疗服务和乐龄关爱服 务的社区中心。

广惠肇的服务也扩展至另外四家社区关怀中心。这四家"广惠肇社区关怀中心"便利 地坐落在惹兰勿刹、麦波申、麦奈雅和圣乔治邻里,进一步使广惠肇的护理服务更加 方便,与区内年长者仅一步之遥。另外,位于广惠肇主院区的广座大楼、已经在2021 年十月正式启用,为医院增添可提供慢性疾病照护的疗养院床位,也使主院区的总床

广惠肇的第二家疗养院刚在2022年4月启用。这家坐落在波东巴西的新疗养院为本院 增添了438个病房床位,使广惠肇的总床位进一步增加到1200个,成为新加坡规模最 大的疗养院服务业者之一

面对着医疗保健领域的多变以及日益增加的医院营运费用,院方依旧坚持只收取病友 负担得起的收费。也由于医院服务的对象大部分来自低收入家庭,庞大的医护服务费 用有赖各阶层热心人士的慷慨捐款。



*所有捐赠款额都可享有2.5倍的扣税 All monetary donations are entitled to 2.5 times tax deduction. 个人 Personal 企业 Corporate 资料 PARTICULARS 姓名 Name: (Dr / Mr / Mrs / Miss / Mdm) 公司名称 Company Name: 负责人 Contact Person :_____ (Dr / Mr / Mrs / Miss / Mdm) 地址 Address: 邮区 Postal Code: 身份证/机构识别号码 NRIC No. / FIN / UEN: Please fill in your NRIC No. / FIN / UEN for "Auto inclusion of tax-deductible donation." 电话 Tel: 手机 HP : 电邮 Email: Please tick if you wish to be included in the mailing list for KWSH's e-Newsletter. 捐款收据 OFFICIAL RECEIPT () 电邮 Email)邮寄 Hardcopy 信用卡捐款 CREDIT CARD DONATION)一次捐款 One-time Donation ()每月捐款 **Monthly** Donation Card Holder Name: 信用卡号码 Visa / Mastercard No.: 有效日期 Expiry Date 捐款数额: 签名: Amount: Signature:_ 支票捐款 CHEQUE DONATION 支票号码: 捐款数额: Amount: Cheque No.:

Please write cheque payable to "Kwong Wai Shiu Hospital".

我在此声明,以上提供的信息是准确和完整。 I hereby declare that the information provided above is accurate and complete

本人向广惠肇留医院提交此捐款表格,谨此同意院方可在遵循《个人资料保护法令》的情况下,为医院官方用 途收集、使用、披露我所提供的个人资料。我清楚我可以通过书面通知(电邮: fund_raising@kwsh.org.sg)

By submitting this donation form, I give consent to Kwong Wai Shiu Hospital's collection, disclosure and use of my personal data for official purposes in accordance with the Personal Data Protection Act. I am aware that I can withdraw this consent by informing Kwong Wai Shiu Hospital in writing (email: fund_raising@kwsh.org.sg).

您的捐款善举或将被医院登载于本院不同平台。若您不希望有这样的安排,请与我们联系。 Your donation may be acknowledged on KWSH platforms. Please inform us if you would prefer your donation not to be acknowledged.

您可上网了解广惠肇留医院的个人资料保护政策。

You may visit our website to find out more about our Personal Data Protection Policy. http://www.kwsh.org.sg/en/aboutus/PDPA

每月财路捐款 MONTHLY GIRO DONATION

财路扣款表格 DIRECT DEBIT AUTHORISATION

To: The Manager

银行及分行 Bank & Branch Name:

银行户头姓名 My/Our Name (as in Bank Account)

银行户头号码 Mv/Our Bank Account No.

每月之财路扣款为 Limit of Each Monthly GIRO Deduction:

		-
() \$30	()\$50	(
() \$30	() 430	(

\$80 (\$100 (Others_

I/We hereby authorise you to process Kwong Wai Shiu Hospital's instructions to debit my/our account.

You are entitled to reject Kwong Wai Shiu Hospital's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.

This authorisation will remain 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

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

捐款人签名 My/Our Signature(s)

日期 Date

(签名须与银行纪录一致 According to bank's specimen signature(s))

TO BE COMPLETED BY KWONG WAI SHIU HOSPITAL

Bank Branch Kwong Wai Shiu Hospital Account No.

7 3 3 9 - 5 2 1 - 0 4 9 5 6 9 - 0 0 2

Bank Branch Account No. to be debited

Kwong Wai Shiu Hospital's Donor's Reference No.

数码捐款 DIGITAL DONATION

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