



KWONG WAI SHIU HOSPITAL

廣惠肇留醫院

Since 1910

Figurine Donation Form

订购福物表格

I would like to order (please tick [✓]) / 我要购买的福物是 (请 [✓])

[] Prosperity Fu Lu Shou 「三星高照喜临门」

Minimum Price/ 最低价格: \$ 388

OR higher price/ 或更高价格: \$ _____

[] Plum Blossoms with the Five Blessings 「梅开五福」

Minimum Price/ 最低价格: \$ 188

OR higher price/ 或更高价格: \$ _____

[] Prosperity Frame 「百福兴旺」

Minimum Price/ 最低价格: \$ 288

OR higher price/ 或更高价格: \$ _____

[] Fu Lu Shou Xi 「福禄寿喜」

Minimum Price/ 最低价格: \$ 168

OR higher price/ 或更高价格: \$ _____

*Donor can buy the figurine at a higher price by filling their preferred price in the boxes above if they would like to donate more money.
All donations are tax-deductible, **minus the cost of the figurine**

*善心人士若想提高捐款数额,可在以上表格填写更高的价格来购买福物。在扣除福物成本价后,其余捐款将可扣除所得税。

Personal Particulars 个人资料

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

NRIC/ FIN No. 身份证号码: _____

Please fill in NRIC/FIN number for "Auto inclusion of tax deductible donation." 请填写您的身份证号码以享有自动扣税。

Address 地址: _____

Postal Code 邮区: _____

Tel 电话: _____ (H/住家) _____ (Off/公司) _____ (HP/手机)

Email Address 电邮: _____

Corporate Particulars 公司资料

Company's Name 公司: _____ UEN No: _____

Contact Person 负责人: (Dr/Mr/ Mrs/ Ms/ Mdm) : _____

Address 地址: _____

Postal Code 邮区: _____

Tel 电话: _____ (H/住家) _____ (Off/公司) _____ (HP/手机)

Email Address 电邮: _____

Mode of Payment 付款方式

[] Cheque No. 支票号码: _____

[] Visa / Master Card No. 信用卡号码:

Signature 签名: _____

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Expiry Date 有效期至(MM/YY): _____

♥ Cheque should be crossed and made payable to "Kwong Wai Shiu Hospital". Please indicate 'Figurine' behind the cheque.

支票受益人请填上"广惠肇留医院",并在支票背后注"订购福物"以便识别。

♥ Kindly send the completed form and cheque to 请将表格填妥后,连同支票寄至:

Kwong Wai Shiu Hospital
Corporate & Community Relations
705 Serangoon Road
Singapore 328127

♥ Or Fax to 传真号码 6295 8131. Attention: CCR 企业及社区联系

I hereby declare that the information provided above is accurate and complete.

本人谨此声明,以上所提供的一切资料均为正确,并无遗漏。

Signature 签名: _____ Date 日期: _____

Official Use

Official Receipt No: _____ Receipt Date: _____