

REPLY FORM (Pg 1 of 1)
 (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 2023	Unit (s) Required	Unit Price (S\$)	Total Amount (S\$)	Qty	Donation Amount	Remarks
1	White Rice 25kg/pkt (For Serangoon Nursing Home)	796	\$29.70	\$23,641.20	-	-	285 Fulfilled, \$5.20 partially fulfilled
2	White Rice 25kg/pkt (For Potong Pasir Nursing Home)	1,008	\$29.70	\$29,937.60	-	-	282 Fulfilled, \$14.20 partially fulfilled
3	Carefort Sealing Film (For all wards; infection control improvement and odour free for wards)	350	\$127.44	\$44,604	-	-	327 Fulfilled, \$20.47 partially fulfilled
4	Milo 1.8 kg (For all wards; for 11 months)	9	\$1,814.40	\$19,958.40	-	-	Fulfilled
5	Air Mattress (For all wards; to prevent pressure injury)	23	\$1,728	\$38,016	-	-	Fulfilled
6	Mipro MA100DB Dual Channel Portable PA System (to be used in Potong Pasir Nursing Home wards)	3	\$918	\$2,754	-	-	Fulfilled
7	Commode Chair (For all wards)	20	\$604.80	\$12,096	-	-	Fulfilled
8	Everyday Milk Powder 1.2kg (For all wards; for 11 months)	11	\$5,184	\$57,024	-	-	Fulfilled
9	O2 Concentrator (For ward 6)	1	\$3,132	\$3,132	-	-	Fulfilled

Donation for Dream List 2023

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 2023” 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.