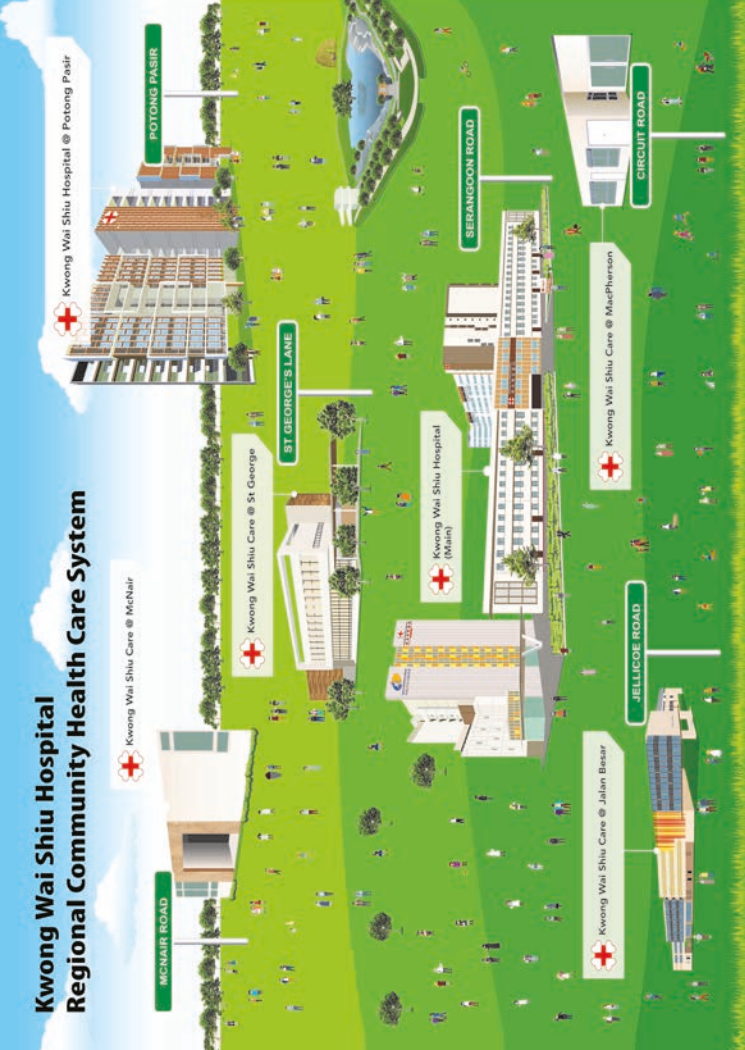


**Kwong Wai Shiu Hospital
Regional Community Health Care System**



Kwong Wai Shiu Hospital's network spans across six different locations in the Central Singapore region, covering Kallang-Whampoa and the neighbouring Potong Pasir and MacPherson areas. KWSH now operates close to 1,200 nursing home beds in total, making us one of the largest nursing home operators in Singapore.

广惠肇留医院的服务基地目前扩大到六个地点，除了加冷黄埔区，也包括邻近的波东巴西区及麦波申区。至今，我们提供近1200个床位的疗养院设施，是新加坡规模最大的疗养院服务业者之一。

For more information, please contact
KWONG WAI SHIU HOSPITAL
705 Serangoon Road Singapore 328127
Tel: +65 6422 1293 Fax: +65 6295 8131
Email: tund_raising@kwsh.org.sg
www.kwsh.org.sg

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KWONG WAI SHIU HOSPITAL
705 SERANGOON ROAD
SINGAPORE 328127



KWONG WAI SHIU HOSPITAL
廣惠肇留醫院
Since 1910



Serving the Community Since 1910

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

Kwong Wai Shiu Hospital is a 114-year-old charitable healthcare organization and is registered as an Institution of a Public Character, committed to looking after the sick and needy. KWSH currently operates two nursing homes, two senior care centres, two traditional Chinese medicine centres, four active ageing centres and offers home care services. KWSH's main site also serves as a community hub offering a comprehensive range of healthcare and eldercare services, and training courses.

KWSH continues to charge nominal fees despite rising operating cost from serving more beneficiaries through its expanded programmes, and we seek the kind donations and generosity of individuals and corporations to support the provision of high-quality healthcare services.

Your gift will put a smile on the beneficiaries' faces and allow them to lead fulfilling lives.

Thank you for your generous support!

广惠肇留医院是一家拥有114年历史的慈善医疗机构，多年来肩负着为贫困人士提供优质医疗护理的重任。医院目前经营两家疗养院、两家乐龄护理中心、两家中医门诊中心、四家活跃乐龄中心，并且也提供社区护理服务。广惠肇主院区同时也是一个社区中心，拥有完善医疗服务和乐龄关爱服务，并提供照护和护理方面的培训课程。

广惠肇的服务扩充使医院能够为更多的受益人提供优质的医疗服务。尽管医院费用日益增加，广惠肇依旧坚持确保收费是病友所负担得起的，庞大的医护服务费用有赖各阶层热心人士的慷慨捐款。

您的爱心会让院友们过上充实的生活。

衷心感谢您的慷慨捐助!



*所有捐赠款额可享有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 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.:

M M / Y Y
 /

有效日期 Expiry Date

捐款数额: _____ 签名: _____
Amount: _____ Signature: _____

支票捐款 CHEQUE DONATION

捐款数额: _____ 支票号码: _____
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》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）撤销此同意。

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 My/Our Bank Account No.

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

\$30 \$50 \$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 you.

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 employees's willful default or negligence.

捐款人签名 My/Our Signature(s)

日期 Date

(签名须与银行记录一致 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

KWONG WAI SHIU HOSPITAL



SCAN TO DONATE

You can make a donation by scanning the QR code below. For tax deduction claims, please enter your NRIC number in the "Bill Reference No." field.

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PayNow is supported by these Participating Banks, Bank of China, Citibank, DBS/POSB, HSBC Bank, Industrial and Commercial Bank of China Limited, Maybank, OCBC Bank, Standard Chartered Bank & United Overseas Bank Limited