

**YES, I would like to make an endowed gift to Medicine Academic Clinical Program –
Reverie Rheumatology Research Fund**

One Time Donation of S\$ _____ **Monthly Donation of S\$** _____

By Cheque:

Please make a cheque (No. _____) crossed and in favour of **NUS (Duke-NUS)** and indicate "Reverie Rheumatology Research Fund (endowed)" at the back of the cheque.
Please send the cheque together with this form to: Development Department (Attention: Dickson Lim), Duke-NUS Graduate Medical School Singapore, 8 College Road Level 6, Singapore 169857.

By Credit/Debit Card:

Card Type: VISA MASTERCARD AMEX (please indicate 4 digit FDBC No.: _____)

Card no: _____

Expiry Date: _____ (month/year)

I/We hereby authorize Duke-NUS to continue to deduct one-time/monthly payments from the credit card indicated above until written termination is received from me/us.

DONOR'S PARTICULARS:

(Please tick in the relevant boxes)

Personal (NRIC/FIN No.: _____) **Corporate** (Tax Reference No.: _____)

Name: Prof/Dr/Mr/Mrs/Ms/Mdm _____
(Family Name) (Given Name)

Designation: _____ Department: _____

Company: _____

Address: _____

Mobile: _____ Office: _____ Email: _____

Singapore tax residents will enjoy a 300 percent tax deduction for gifts received in 2015.
(Please provide individual donor's particulars if separate tax deductions and/or receipts are required.)

I/We agree that our gift is subject to NUS' (Duke-NUS) Statutes and Regulations and to its Standard Terms and Conditions for Gifts, updated for compliance with the Personal Data Protection Act 2012).

Please refer to <http://giving.nus.edu.sg/images/files/Standard-Terms-and-Conditions-for-Gifts.pdf>

Authorized Signature and Company Stamp
(if applicable)

Date