

Postage will be paid by addressee. For posting in Singapore only.

BUSINESS REPLY SERVICE  
PERMIT NO. 03215



SINGAPORE

SINGAPORE NATIONAL EYE CENTRE PTE LTD  
c/o SINGAPORE EYE RESEARCH INSTITUTE

Attn: Ms Jessie Neo, Eye ACP Department

The Academia

20 College Road, #06-00

Singapore 169856



20  
60



1

20  
50



2

20  
40



3

20  
30



4

20  
20



5

WHEN SIGHT IS TAKEN AWAY,  
SO ARE MEMORIES



## Blindness takes away more than sight.

It takes away the milestones, memories and moments that shape our lives, leaving us in complete darkness. At VisionSave, we strive to treat, restore and prevent all forms of eye impairment and give those suffering, their lives back.

VisionSave is a joint effort between the Singapore National Eye Centre (SNEC) and the Singapore

Eye Research Institute (SERI). All donations are dedicated to improving patient care, researching innovative new treatments and training the next generation of eye specialists.

Please donate now to support our mission to save sight and transform the lives of our patients.



IN AID OF:



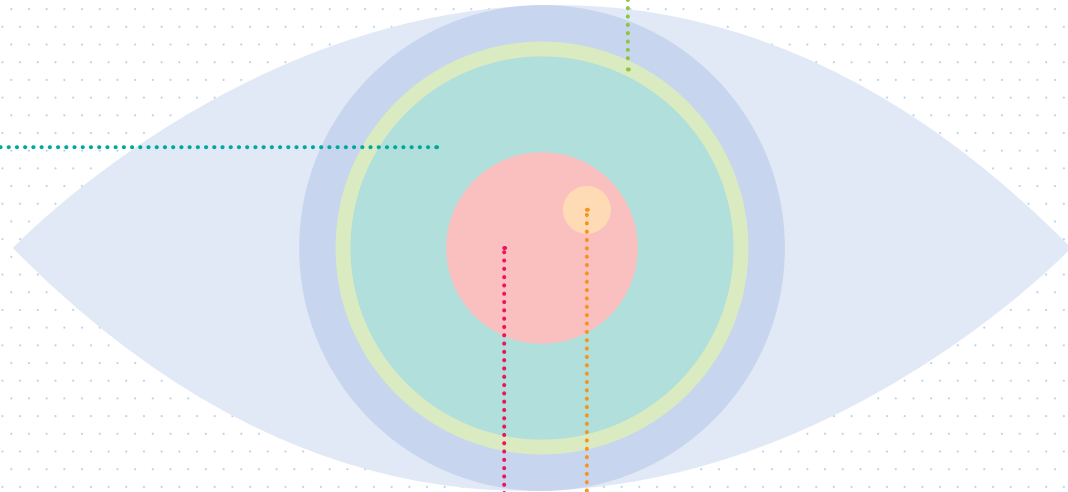
HELP US GIVE THEM NEW MEMORIES  
AT [GIVING.SG/SHF-SNEC-FUND](http://GIVING.SG/SHF-SNEC-FUND)

**80%** of blindness is preventable or treatable

“ I didn't realise treatment is available. I'm glad I got help. Mr Tan H. M. - 55 years old

**85%** of Singaporeans have myopia, which makes them more vulnerable to eye diseases

“ I thought losing my eyesight was a normal part of ageing, I didn't know it was a treatable disease. Mdm Gan C. - 63 years old



**40%** of blindness in Singapore is caused by Glaucoma

“ Don't take sight for granted. Mdm Phua S. H. - 62 years old

**10%** of adults in Singapore are diabetic and at risk of going blind

“ I didn't know diabetes can affect my eyesight. Mr Steven Seow S. H. - 54 years old



**Yes! I would like to make a donation.**

All donations are eligible for 250% tax deduction.



**One-time Donation**

\$500  \$300  \$100  Other Amount \_\_\_\_\_



**Monthly Donation**

\$30  \$20  \$15  \$10  Other Amount \_\_\_\_\_

**Preferred cause for support:**

- Financial assistance for needy patients
- Future-focused education
- Public education/community outreach
- Infrastructure/capacity building
- Research and innovation
- All of the above

**Donor's Particulars**

Individual/Company Name \_\_\_\_\_

NRIC/FIN/UEN No. \_\_\_\_\_

Date of Birth (DD/MM/YY)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_

\_\_\_\_-\_\_\_\_-\_\_\_\_

(NRIC/FIN number is required for submission to IRAS for tax deduction).

Name of Authorised Company Representative \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postal Code

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_

Email

\_\_\_\_\_

DID

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_

Mobile

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_

**Donation Details**

Please fill in where applicable

**CHEQUE** (Please forward a crossed cheque made payable to 'SingHealth Fund-SNEC Fund'.)

**CREDIT CARD**  Visa  Mastercard  Amex

Card No. \_\_\_\_\_

Name on Card \_\_\_\_\_

Name of Bank \_\_\_\_\_

Expiry Date (MM/YY) \_\_\_\_\_

x \_\_\_\_\_ (Signature as in Bank Records)

**GIRO**

Name of Bank \_\_\_\_\_ Branch \_\_\_\_\_

Name as in Bank Records \_\_\_\_\_

Bank Account Number \_\_\_\_\_

x \_\_\_\_\_ (Signature as in Bank Records)

1. We hereby authorise SNEC Fund, part of SingHealth Fund to debit my/our account.
2. You are entitled to reject SNEC Fund, part of SingHealth Fund debit instructions if my/our account does not have sufficient funds and charge me/us for this.
3. This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through SNEC Fund, part of SingHealth Fund.
4. To expedite GIRO processing, please sign according to your bank records or go to the branch with your identification for thumbprint.

I would like to be contacted to make a legacy gift via Will/CPF/ Insurance Policy.

I would like to join the SNEC Volunteer Programme\*.

\*By ticking this box, you have expressed your interest to find out more about our SNEC Volunteer Programme and have given your consent for our team member to contact you.

**Tax-Deduction**

All donations received are managed by SNEC Fund, part of SingHealth Fund (SHF), an Institution of a Public Character (JEN 201624016E). All donors are required to provide their Tax Reference number (e.g. NRIC/FIN/UEN where applicable) to enjoy tax deduction. The donation will be automatically included in the donor's IRAS tax assessment. As such, we will not be sending any official receipt, unless upon written request by the donor.

**Personal Data Protection**

By providing my particulars as requested in this form, I, the Donor understand and acknowledge that I am deemed to have given consent to the relevant SingHealth organisations and their successors or assigns (collectively 'Organisations' as detailed in the SingHealth Data Protection Policy) collecting, using and/or disclosing my personal data, and disclosing my personal data to each other (as may be necessary) for the purpose of processing my donations and such other reasonably related purposes as may be set out in the SingHealth Data Protection Policy available at [www.singhealth.com.sg/pdpa](http://www.singhealth.com.sg/pdpa).

**In addition:**

- By ticking this box, I agree to any of the SingHealth Organisations sending me information and/or contacting me via voice call, SMS and email on their fundraising campaigns, volunteer recruitment, social outreach and other related topics and events. I confirm and agree that my consents granted herein do not supersede or replace any other consents which I may have previously provided to each of the Organisations in respect of my personal data, and are additional to any rights which the Organisations may each individually have at law to collect, use or disclose my personal data.
- I wish to remain anonymous and my personal data/donation should not be publicised or recognised in any form.

**FOR SINGHEALTH FUND USE ONLY**

Bank 7171

**FOR BANK USE ONLY**

To SingHealth Fund-SNEC Fund

SHF-SNEC Reference \_\_\_\_\_

This application is REJECTED due to the following (please tick):

- Signature/Thumbprint differs from Financial Institution's records
- Signature/Thumbprint is incomplete/unclear
- Account operated by Signature/Thumbprint
- Amendments not countersigned by customer
- Wrong Account No.
- Others

\_\_\_\_\_  
Name of Approving Officer Authorised Signature and Date