



WHEN SIGHT IS TAKEN AWAY, SO ARE MEMORIES



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 generation of eye specialists.

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

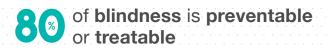












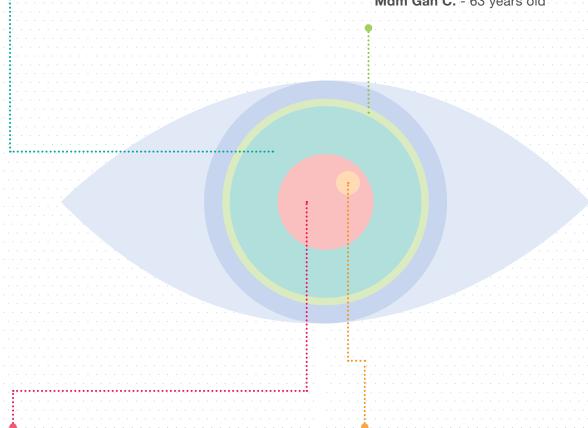
I didn't realise treatment is available. I'm glad I got help.

Mr Tan H. M. - 55 years old

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



of blindness in Singapore is caused by Glaucoma

Don't take sight for granted.

Mdm Phua S. H. - 62 years old

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. Qualifying donations will receive a 250% tax deduction.

0	One-time Donation \$500 \$300 \$100 Other Amount				
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	Monthly	Donation	າ \$15 ∩\$	10 Other Amount	

Thank You! Every dollar you donate goes entirely to SingHealth Fund-SNEC Fund which supports:

- Providing financial assistance for needy patients with sight-threatening diseases
- Nurturing future leaders in eyecare through scholarship and training
- Driving awareness through public education and community outreach
- Supporting research and innovation to better diagnose and treat eye diseases

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). Date of Birth (DD/MM/YY) Representative
M 35 A 11
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)
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brai	expedite GIRO processing, please sign according to your bank records or go to the nch with your identification for thumbprint. An original wet-ink signed form is required panks for processing.
1. 2.	I/We hereby authorise SingHealth Fund (SHF-SNEC Fund) to debit my/our account. You are entitled to reject SingHealth Fund (SHF-SNEC Fund) debit instructions 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.
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 SingHealth Fund (SHF-SNEC Fund).
0	I would like to be contacted to make a legacy gift via Will/CPF/Insurance Policy.
0	I would like to be contacted to learn more about how I can be a cornea donor.
0	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.
(SF req app in f	donations received are managed by SNEC Fund, part of SingHealth Fund HF), an Institution of a Public Character (UEN 201624016E). All donors are juired to provide their Tax Reference number (e.g. NRIC/FIN/UEN where olicable) to enjoy tax deduction. The donation will be automatically included the donor's IRAS tax assessment. As such, we will not be sending any cial receipt, unless upon written request by the donor.
Pe I/W col my Sin	resonal Data Protection (Please tick where applicable) I/e consent to the SingHealth Institutions and their successors or assigns lecting, using and/or disclosing my personal data for purposes of processing donations and such other reasonably related purposes set out in the I/gHealth Data Protection Policy available at https://www.singhealth.com.
0	I do want to stay connected, receive updates and be alerted on other fundraising and volunteering news and opportunities. You can reach me via the email / telephone / address or other contact particulars I have given.
0	By ticking this box, I wish to remain anonymous and my personal data/donation should not be published or recognised in any form.
T S	OR BANK USE ONLY O SingHealth Fund-SNEC Fund SHF-SNEC Reference
re	his Application is hereby REJECTED (please tick) for the following eason(s):
_	Signature / Thumbprint* differs from Financial Institution's records Signature / Thumbprint* incomplete / unclear*
	Account operated by signature / thumbprint#
	Wrong Account Number
	Amendments not countersigned by customer Others:

Authorised Signature

Date

Name of Approving Officer

*Please delete where applicable.