



ACADEMY OF MEDICINE, SINGAPORE

DIAMOND JUBILEE CHARITY GALA DINNER DONATION FORM

In celebration and support of 60 years in specialist education and training

SATURDAY, 22 JULY 2017 @ 7:30 PM

Grand Copthorne Waterfront | Grand Ballroom (Level 4) | 392 Havelock Rd, Singapore 169663

DONOR'S DETAILS

Salutation: Prof A/Prof Dr Mr Mrs Ms

Surname/Family Name: _____ First/Given Name: _____

NRIC/FIN/UEN: _____ Organisation: _____

Address: _____

Country: _____ Postal Code: _____ Mobile: _____

Email: _____

DONATION OPTIONS/DETAILS

DONATION OPTIONS <i>Please fill in the required no. of ticket(s) or table(s) of 10 pax</i>	TABLE	TICKET <i>Seating arrangement will be allocated</i>	AMOUNT (SGD)
Fellow/Member of AMS	___\$1,500 per table	___\$150 per ticket	_____
Non-Fellow/Non-Member	___\$2,500 per table	___\$250 per ticket	_____
SUB-TOTAL:			_____
OTHER DONATIONS OPTIONS			
<input type="radio"/> I would like to pledge further donation in addition to the above.	<input type="radio"/> I am unable to attend but wish to support with a donation.		_____
TOTAL DONATION:			_____
All donations to the Academy of Medicine, Singapore (AMS) are eligible for tax deduction of 250%			

4-COURSE DINNER MENU SELECTIONS

Please indicate no. of **individual** plated menu: _____ Western Menu _____ Vegetarian Menu _____ Malay Menu

Special instructions (if any): _____

PAYMENT AUTHORISATION

CHEQUE: Payable to "ACADEMY OF MEDICINE, SINGAPORE". Bank: _____ Cheque No: _____

Please mail cheque together with this form to the address below.

CREDIT CARD: Please charge to my credit card: VISA / MASTERCARD

Card Number: _____ CVV: _____ Expiry Date (MM/YYYY): _____

Card Holder Name: _____ Authorised Signature & Date: _____



ACADEMY OF MEDICINE, SINGAPORE

(Charity Registration No: 00043)

81 Kim Keat Road, #11-00, NKF Centre, Singapore 328836 | Tel: (65) 6593 7800 | Fax: (65) 6593 7880 | Email: charity@ams.edu.sg