

# HOW YOU CAN CONTRIBUTE TOWARDS HONORING THE DISTINGUISHED LEGACY OF THE LATE DR ROBERT LOH

I would like to make an outright donation of SGD \_\_\_\_\_

**Please forward a crossed-cheque drawn up to "SNEC Health Research Endowment Fund " to the following address:**

Singapore Eye Research Institute,  
The Academia, 20 College Road, #06-00, Singapore 169856  
Attn: Ms. Angeline Neo, SERI Finance Services

Name/ Company Name: \_\_\_\_\_

NRIC/ UEN No\*\* : \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

DID: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**\*\*** Kindly indicate your NRIC/FIN number/UEN number for automatic 250% tax deduction

For further queries, please contact Sharmila Kannan, Director, Eye Academic Clinical Program at DID (65) 97557540 or email: sharmila.kannan@seri.com.sg

*By submitting this form, I, the Donor, consent to the relevant SingHealth organizations and their successors or assigns (collectively 'Organizations', 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 consent to all of the SingHealth organisations and their successors or assigns collecting, using and/or disclosing my personal data in order to send me updates and collaterals of each of the organization in respect of fundraising, social outreach, volunteering, other related topics and events which may be held in respect of the same ('Social Outreach Campaigns'), as well as to contact me via voice call and SMS solely in relation to such Social Outreach Campaigns. Where I make a donation to such SingHealth organization and their successors or assigns, I acknowledge and agree that these organizations may then collect, use and/or disclose my personal data for such purposes as may be reasonably related to the processing of my donations as may be set out in the SingHealth Data Protection Policy.*

*[ ] By ticking this box, I wish to remain anonymous and my personal data/donation should not be publicized or recognized in any form.*

*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 Organization in respect of my personal data, and are additional to any rights which the Organizations may each individually have at law to collect, use or disclose my personal data.*