



Singapore Association for Mental Health
Blk 69 Lor 4 Toa Payoh #01-365
Singapore 310069
Tel: 6255 3222 Fax: 6252 6834
Email: samhhq@singnet.com.sg

Donations Form – Corporate

Administrative Officer,
Singapore Association for Mental Health
69 Lor 4 Toa Payoh #01-365
Singapore 310069

On behalf of my organization, I enclose herewith cheque / money order No:
_____ for S\$ _____ being my donation.

I would like to designate this sum of donated amount to:

*Please tick accordingly**

*(*You may tick more than one. However, the amount shall be divided equally among the service programmes, which you have designated.)*

- Community Mental health Education Programme
- Counselling Service
- Oasis Day Centre
- Oasis Club
- Bukit Gombak Group Home
- Patient Support Group
- Caregiver Support Group
- Support for Eating Disorders, Singapore (SEDS)
- Volunteer Programme
- SAMH Headquarter
- Drop-in Centre
- Youth Reach Programme

Name: _____

NRIC No: _____

Address: _____

Contact (optional) : _____ [H] _____ [O] _____ [H/P or Pgr]

Signature : _____

Date: _____

Upon the acknowledgement of processed cheque/money order, a receipt of tax-exemption will be issued to the donor.

Donations Form - Individual