



Singapore Association for Mental Health  
Blk 69 Lor 4 Toa Payoh #01-365  
Singapore 310069  
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### Donations Form – Individual

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

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 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.*