



HCA HOSPICE DAZZLE WITH ME CHARITY DINNER 2024 RESPONSE FORM

Sunday, 3 November 2024

The Ritz Carlton, Millenia Singapore (Grand Ballroom)

Marina Bay, 7 Raffles Avenue, Singapore 039799

Time: 6.30pm to 10.30pm

Please submit completed forms by email to xianhuin@hcahospicecare.org.sg.

By providing the information set out in this form, I/we agree and consent to HCA Hospice Ltd (HCA), as well as its representatives and agents, collecting, using, disclosing and sharing amongst themselves my/our personal data provided above as well as in the records of HCA from time to time, and disclosing such personal data to HCA's authorised service providers, and relevant third parties for purposes in compliance with the Personal Data Protection Act 2012 and reasonably required by HCA to process my donation to HCA.

SECTION A: SPONSORSHIP DETAILS

YES, I would like to confirm my support of the HCA Dazzle With Me Charity Dinner with the following:

Sponsorship Tiers	Entitlements	Total Amount
<input type="checkbox"/> Visionaries @ \$50,000	20 seats at dinner GOH Welcome Party Recognition in Speech Cheque Presentation and Token on stage Pre & post-event acknowledgement in collaterals, website, and social media post 2.5 times tax deduction	
<input type="checkbox"/> Champions @ \$15,000 Please reserve _____ table (s)	10 seats at dinner Token on stage Pre & post-event acknowledgement in collaterals, website, and social media post 2.5 times tax deduction	
<input type="checkbox"/> Philanthropists @ \$10,000 Please reserve _____ table (s)	10 seats at dinner 2.5 times tax deduction	
<input type="checkbox"/> Seat Purchase Please reserve _____ seats (s) @ \$1000 per seat	2.5 times tax deduction	
<input type="checkbox"/> For Direct Donations	I will not be attending but would like to make a donation of <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$8,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$1,000 Other amount: \$ _____	

Home is where the care is

SECTION B: CONTACT DETAILS

Please kindly provide all donor details below for tax deduction. Table and direct donations are eligible for 2.5 times tax deduction.

Name / Company: _____
(as in NRIC / FIN / UEN)

NRIC / FIN / Co. Reg No: _____

Address: _____
_____ Singapore _____

Contact No: _____ Email _____

SECTION C: PAYMENT DETAILS

By Cheque (Payable to **HCA Hospice Limited**. Indicate **"Dazzle With Me 2024"** on back of cheque.)

Cheque No: _____
Please send cheque to: HCA Hospice Limited
Philanthropy & Partnerships
705 Serangoon Road Block A #03-01
Singapore 328127

By Credit Card: VISA MasterCard Amex

Card No: _____

Card Expiry: _____ (MM/YY)

Name on Card: _____

Donor Signature: _____

**Note: Should more than one tax-deduction receipt be required, please provide the name, address, contact number, I/C number or company registration number, and cheque number/amount, on a separate sheet. Thank you.*

By Pay Now QR Code. (Indicate **DWM 2024 <NRIC>** in the reference field)



By Bank Transfer (Please inform us once the transfer is complete.)

SECTION D: DONATION IN-KIND

I would like to donate the following items for

- Door Gift items x 750pcs
- Auction, Prizes and/or Lucky Draw
(Tax-deduction is not applicable.)

Details of donated items: _____

Value of donated items: _____

Contact person / Number : _____