

Fill up their lives with HCA Swing With Me Charity Golf

LIFE



SWING WITH ME - HCA HOSPICE CHARITY GOLF TOURNAMENT 2024

Wednesday, 11 September 2024

Sentosa Golf Club (Serapong Course)

27 Bukit Manis Road, Singapore 099892

Shotgun Tee Off - 1.15pm; Dinner at 7.00pm

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 golf tournament with the following:

Sponsorship Tiers	Entitlements	Total Amount
<input type="checkbox"/> Presenting Sponsors @ \$30,000	2 flights Complimentary lunch for players 10 seats at dinner Acknowledgment on A-board Pre & post-event acknowledgement in collaterals, website, and social media post 2.5 times tax deduction	
<input type="checkbox"/> Champion Sponsors @ \$10,000	1 flight Complimentary lunch for players 4 seats at dinner Acknowledgement on A-board Pre & post-event acknowledgement in collaterals, website, and social media post 2.5 times tax deduction	
<input type="checkbox"/> Flight purchase @ \$6,800 Please reserve _____ flight (s)	1 flight Complimentary lunch for players 4 seats at dinner 2.5 times tax deduction	
<input type="checkbox"/> For Direct Donations	I would like to make a donation of <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$1,000 Other amount: \$ _____ <input type="checkbox"/> I would like to attend dinner. (Min donation of \$400/pax) <input type="checkbox"/> Normal Diet <input type="checkbox"/> Vegetarian <input type="checkbox"/> Halal	

Home is where the care is

SECTION B: REGISTRATION OF GOLFERS

<u>Name of Golfer</u>	<u>Email Address</u>	<u>Mobile No</u>	<u>Handicap</u>	<u>SGC Membership</u>	<u>Food</u>
					<input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Normal Diet <input type="checkbox"/> Vegetarian <input type="checkbox"/> Halal
					<input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Normal Diet <input type="checkbox"/> Vegetarian <input type="checkbox"/> Halal
					<input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Normal Diet <input type="checkbox"/> Vegetarian <input type="checkbox"/> Halal
					<input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Normal Diet <input type="checkbox"/> Vegetarian <input type="checkbox"/> Halal

SECTION C: CONTACT DETAILS

Please kindly provide all donor details below for tax deduction. Flight 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 D: PAYMENT DETAILS

By Cheque (Payable to **HCA Hospice Limited**. Indicate **“Swing 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 **SWM <NRIC>** in the reference field)



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

SECTION E: DONATION IN-KIND

I would like to donate the following items for

- Hole in One prize**
 - Goody bag items x 200pcs**
 - Auction, Prizes and/or Lucky Draw**
- (Tax-deduction is not applicable.)*

Details of donated items: _____

Value of donated items: _____

Contact person / Number : _____