

**Yes, I want to contribute!**

**Name IN BLOCK LETTERS (Dr/Mr/Mrs/Mdm/Miss/Ms)**

**NRIC**

**Address**

**Postal Code**

**Tax Exempt receipt will be issued for donations of S\$50.00 and above.**

**I wish to donate S\$\_\_\_\_\_ to:**

**St Luke's Hospital Ltd**

Monthly  One-time contribution

Cheque No. \_\_\_\_\_

payable to St Luke's Hospital Ltd

**St Luke's ElderCare Ltd**

Monthly  One-time contribution

Cheque No. \_\_\_\_\_

payable to St Luke's ElderCare Ltd

**Type of Donation (For issue of tax exempt receipt)**

Personal

Company (Please provide company's name and address)

\_\_\_\_\_

\_\_\_\_\_

**Please enclose this coupon with your cheque and send it to us at:**

**St Luke's Hospital or St Luke's ElderCare  
2 Bukit Batok Street 11, Singapore 659674**