SOCIETY FOR THE AGED SICK

HOPE IN ONE | SAS Charity Golf 2027

Sponsorship & Participation Pledge Form

THURSDAY, 4 MARCH 2027 • ORCHID COUNTRY CLUB • GOLF & CHARITY DINNER

HELP KEEP THEIR HOME READY FOR CARE — EVERY DAY.

400 elderly residents rely on SAS as their Home. Your support towards our S$295,000 goal will help maintain, repair and progressively improve the wards, bathrooms, flooring and shared spaces essential to safe, dependable care.

Qualifying monetary donations to SAS are eligible for 2.5 times tax deduction, subject to prevailing IRAS regulations.

01 I / WE WISH TO SUPPORT

Please tick all that apply. **We will follow up with Donation Form and payment details by 15 Dec 26.**

☐ **TITLE SPONSOR** — **S$50,000**
2 golf flights (8 golfers) • 20 dinner seats
Lead recognition across selected event materials and at the event.

☐ **PLATINUM SPONSOR** — **S$20,000**
1 golf flight (4 golfers) • 10 dinner seats
Prominent sponsor recognition.

☐ **GOLD SPONSOR** — **S$10,000**
1 golf flight (4 golfers) • 4 dinner seats
Event sponsor recognition.

☐ **CHARITY GOLF FLIGHT** — **S$5,000**
4 golfers, with charity dinner following golf. QTY _____

☐ **CHARITY DINNER TABLE** — **S$5,000**
One table for 10 dinner guests. QTY _____

☐ **DIRECT DONATION** — **Any amount**
No golf or dinner participation required. S$ _____

☐ **IN-KIND ITEM / EXPERIENCE** — **Details on p. 2**
Contribute an item, experience or prize for the event.

TOTAL FINANCIAL COMMITMENT (EXCLUDING IN-KIND GIFTS) S$ _____

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SPONSOR DETAILS & COORDINATION

Sponsor information and event liaison details are collected separately. Payment instructions will follow

02 SPONSOR / DONOR INFORMATION

SPONSOR / DONOR LEGAL OR REGISTERED NAME	
PRIMARY CONTACT PERSON	DESIGNATION (IF APPLICABLE)
EMAIL	MOBILE
NRIC/FIN/UEN (IF APPLICABLE)	PREFERRED ACKNOWLEDGEMENT NAME

03 GOLFER & DINNER GUEST LIAISON

No guest or golfer names are needed now. After confirmation, SAS will contact your nominated liaison to collect these details.

☐ Use sponsor primary contact above ☐ Contact someone else (provide details below)

EVENT LIAISON NAME	EMAIL / MOBILE

04 IN-KIND ITEM / EXPERIENCE CONTRIBUTION (IF APPLICABLE)

Items or experiences may be allocated to the silent auction, raffle draw or event prizes, based on suitability. SAS will confirm the proposed use with you.

ITEM / EXPERIENCE DESCRIPTION	QUANTITY / ESTIMATED VALUE (IF KNOWN)

HANDOVER: ☐ SAS to arrange collection ☐ I/we will deliver ☐ To discuss

COLLECTION / DELIVERY ADDRESS	AVAILABLE FROM / BY (DATE)
COLLECTION LIAISON NAME	MOBILE / EMAIL

05 SUBMIT YOUR RESPONSE

Email: donation@societyagedsick.org.sg

IMPORTANT INFORMATION

All sponsorship benefits, availability and participation are subject to SAS's written confirmation. Payment instructions will follow. Tax-deductible receipts, if any, are subject to eligibility and applicable rules, including the value of benefits received. By submitting this form, I/we consent to SAS collecting, using and disclosing the supplied details for sponsorship, donation administration and event coordination. SAS will request additional tax-receipt details securely if necessary.