

Dear Stephen,

The other night, just before your sixth birthday, I crept into your room and watched you sleep. As I sat in the dark listening to your soft breathing, I am reminded of what a miracle it is that you are growing another year older.



When you were barely three months old, we were utterly shocked when doctors told us you had a rare immunodeficiency disorder and we would lose you unless a stem cell transplant is done soon.

The first three years of your life were endless days of pain, battles against infection, surgeries and medication. Each time you had another needle poked into your tiny, fragile body, our pain multiplied infinite times. We could only hope for a miracle – that a suitable stem cell match be found.

When we were informed that a match was found in the Singapore Cord Blood Bank, we were overjoyed! For the next two and a half years, we tried to keep you infection-free so that you could have that one chance at beating the disease. Finally, two weeks before you turned three, you received your stem cell transplant.

The next 131 days were my toughest and darkest moments. In the sterile isolation room, I kept checking to see if you were still breathing as you fought for your life. No words can describe my joy and relief when doctors confirmed that your transplant was successful and you were on the way to recovery.

Daddy and I are so proud that you have blossomed into a handsome, young gentleman. May you continue to grow up healthy and happy!



Happy 6th birthday, my dear Stephen!

Love, Mummy
(Mrs Karen Oon)
15 March 2016

Postage will
be paid by
addressee.
For posting in
Singapore only

BUSINESS REPLY SERVICE
PERMIT NO. 09297



SINGAPORE CORD BLOOD BANK LIMITED

8 SINARAN DRIVE #03-01
NOVENA SPECIALIST CENTRE
SINGAPORE 307470

SINGAPORE
**CORD
BLOOD
BANK**

Mummy's
love cannot
save my life.
You can.



Singapore Cord Blood Bank's Life Saving Work Needs Your Support

In the last decade, the Singapore Cord Blood Bank (SCBB), our nation's only public cord blood bank has been saving lives of patients, like Stephen, who need a stem cell transplant but cannot find a match in their families. Cord blood, from which stem cells are harvested, is the only hope for survival for patients with blood-related cancers such as lymphoma and leukaemia.

Every day in Singapore, six people are diagnosed with these illnesses. Of these, 60% of patients cannot find a stem cell match to survive.

With only 1-in-4 chance of finding a suitable match among siblings, 75% of these patients rely on public registries like SCBB for an **unrelated** stem cell match to survive.

Your gift will enable SCBB to continue its outreach efforts in encouraging more parents to donate their newborn's cord blood units as well as fund the cost of the collection, processing and maintenance of its inventory. The more cord blood units we have in our Bank, the more lives we can hope to save with more suitable blood stem cell matches.

To know more about SCBB and how cord blood saves lives, please visit www.scbb.com.sg.

SCBB is one of the core programmes managed under SingHealth Foundation.

MY PARTICULARS

Name: _____
(as in NRIC/FIN)

Gender: M / F NRIC/FIN* No: _____

Mailing Address: _____

_____ S(_____)

Contact Number: _____ (Handphone)

_____ (Home) _____ (Office)

Email: _____

(Tax deductible receipts will be issued for donations above S\$10 unless requested.)

*Please provide your NRIC/FIN number for your donation to be automatically included into your tax assessment by IRAS. Tax deduction can only be given to donors who provide tax reference numbers (ie. NRIC/FIN numbers). All donations received in support of SCBB, are managed by SingHealth Foundation, an Institution of Public Character (UEN T02CC1576B).

I WISH TO GIVE: MONTHLY ONE-TIME

S\$10 S\$20 S\$50 S\$100 S\$250

S\$500 Others (S\$ _____)

By signing below, I, the Donor consent to the relevant SingHealth organisations and their successors or assigns (collectively 'Organisations' as detailed in the SingHealth Data Protection Policy) collecting, using and/or disclosing my personal data, and disclosing my personal data to each other (as may be necessary) for the purpose of processing my donations and such other reasonably related purposes as may be set out in the SingHealth Data Protection Policy available at <https://www.singhealth.com.sg/pdpa>.

In addition, by ticking this box, I consent to all of the SingHealth organisations and their successors or assigns collecting, using and/or disclosing my personal data in order to send me updates and collaterals on each of the organisations in respect of fundraising, social outreach, volunteering, other related topics and events which may be held in respect of the same ('Social Outreach Campaigns'), as well as to contact me via voice call and SMS solely in relation to such Social Outreach Campaigns. Where I make a donation to such SingHealth organisations and their successors or assigns, I acknowledge and agree that these organisations may then collect, use and/or disclose my personal data for such purposes as may be reasonably related to the processing of my donations as may be set out in the SingHealth Data Protection Policy.

By ticking this box, I wish to remain anonymous and my personal data/donation should not be publicised or recognised in any form.

I confirm and agree that my consents granted herein do not supersede or replace any other consents which I may have previously provided to each of the Organisations in respect of my personal data, and are additional to any rights which the Organisations may each individually have at law to collect, use or disclose my personal data.

Signature

Date

DONATION VIA: (please tick accordingly)

CHEQUE

Name of Bank: _____

Cheque No.: _____

For donations to SCBB, please make cheque payable to **SINGHEALTH FOUNDATION** and indicate '**SCBB**' on the back of the cheque.

CREDIT CARD

Type of Card: Visa Mastercard Amex

Credit Card No.:

Expiry Date: /
(mm) (yy)

Name of Cardholder: _____

Name of Bank: _____

GIRO

Name: _____
(as in bank records)

Name of Bank: _____

Branch: _____

Bank Account No.: _____

Name of billing organisation: SINGHEALTH FOUNDATION

- I/We hereby authorise SingHealth Foundation to debit my/our account.
- You are entitled to reject SingHealth Foundation debit instructions if my/our account does not have sufficient funds and charge me/us for this.
- This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of your written revocation through SingHealth Foundation.

Signature (as in bank records)

Date

FOR SINGHEALTH FOUNDATION USE ONLY

Bank Branch SingHealth Foundation

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SingHealth Foundation Reference

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FOR BANK USE ONLY

To: SingHealth Foundation

This application is REJECTED due to the following: (please tick)

- Signature/Thumbprint differs from Financial Institution's records
- Signature/Thumbprint is incomplete/unclear
- Account operated by signature/thumbprint
- Amendments not countersigned by customer
- Wrong Account No.
- Others

Name of Approving Officer

Authorised Signature & Date