

DONATION FORM



RESPONSE FORM

Name of Donor : _____
 (Prof / Dr / Mr / Mrs / Miss / Ms / Mdm *)

Address : _____

 Singapore ()

Date of Birth : _____ Sex: M / F

NRIC / FIN * No.: _____

Occupation : _____

Email : _____

Telephone : _____ (Home)
 _____ (Office)
 _____ (Mobile)

Signature / Date _____

I am pleased to make a contribution of the following amount

One Time Donation

\$300 \$200 \$150 \$100 \$50

Other Amount: _____

Monthly Donation

\$100 \$75 \$50 \$25 \$10

Other Amount: _____

I would like to make my donation through

Cheque No. _____ Bank _____

GIRO (Please complete form below)

Please be assured that information will be kept strictly confidential. Your personal donation is eligible for tax deduction. Please provide us your particulars, especially your NRIC / FIN No. for submission to Inland Revenue Authority of Singapore (IRAS) for automatic tax deduction.
 For non-individual donors, please provide ROC No./ROB No.

GIRO APPLICATION FORM

PART 1: FOR DONOR'S COMPLETION

Date : _____ Name of Billing Organisation: Epworth Community Services

To (Name of Bank) : _____ Name of Donor : _____

Bank Branch : _____ NRIC / FIN * No. : _____

- (a) We hereby instruct you to process Billing Organisation's instruction to debit my/our account.
- (b) You are entitled to reject Billing Organisation's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- (c) 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 my/our written revocation through the Billing Organisation.
- (d) It is the Billing Organisation's responsibility to inform banks upon expiry of this authorisation and to ensure no deductions are made thereafter.

My/Our * Name(s): _____
 (as in bank account)

My/Our * Contact (Tel / Fax) * Number(s): _____

Monthly Donation (Payment Limit): \$ _____

My/Our * Bank Account Number: _____

My/Our Company Stamp / Signature(s) / Thumbprint(s) *
 (as in bank account)
 For Thumbprints, please go to the branch with your identification documents.

PART 2: FOR EPWORTH COMMUNITY SERVICES COMPLETION

Bank	Branch	Account Number
7 1 7 1	0 5 4	0 5 4 9 0 2 1 1 2 1

Donor Reference											

Bank	Branch	Account Number To Be Debited (Donor's)

PART 3: FOR BANK'S COMPLETION

To: Epworth Community Services

- Signature / Thumbprint * differs from Bank's record Wrong Account Number Signature / Thumbprint * incomplete/unclear *
- Account operated by Signature / Thumbprint * Amendments not countersigned by Donor Others: _____

 Name of Approving Officer

 Authorised Signature

 Date

* Please delete where applicable

Please send the completed form with relevant enclosure to: Epworth Community Services
 Blk 106 #01-217
 Bukit Batok Central
 Singapore 650106