Yes, I want to make a difference to the lives of needy children:

☐ Monthly ☐ One-Time

☐ $20 ☐ $30 ☐ $50 ☐ $ _____
(please specify)

My Personal Particulars

Name: (in block letter please)
(Dr / Mr / Miss / Mrs / Mdm / Ms)

NRIC / FIN No.#:

Address:

Postal Code:

Tel: (O) (H)

Email:

Date of Birth:

Signature: Date:

NOTE: By providing the information set out in this form, I/we agree and consent to Singapore Children's Society, as well as its representatives and agents (collectively, "SCS") collecting, using, disclosing and sharing amongst themselves my/our personal data provided above as well as in the records of SCS from time to time, and disclosing such personal data to SCS's authorised service providers, and relevant third parties for purposes reasonably required by SCS to process my donation to SCS.

Such purposes are set out in a Data Protection Policy, which is accessible at www.childrensociety.org.sg/data-protection or available on request and which I/we confirm I/we have read and understood.

☐ Tick here if you DO NOT wish to be contacted by SCS to receive information about future fund-raising campaigns, volunteer recruitment or other events.

DONATIONS ARE TAX-EXEMPTED

Please note:
For existing donors who are contributing on a monthly basis, this application will be treated as additional contributions.

#Please indicate your NRIC / FIN number so that your donation will automatically be included in your tax assesment by IRAS. Hence, we will not be issuing tax-deductible receipts for such donations. Please fill in your complete particulars to facilitate the auto-inclusion.

41MTD

FOR DONATIONS VIA CREDIT CARD

Card No.:

Card Holder's Name: (in block letters please)

Expiry Date (mm/yy): ☐☐ - ☐☐

FOR DONATIONS VIA INTERBANK GIRO

APPLICATION FORM

PART 1 For Donor's Completion (Fill in the space indicated with ✔)

Date:
✔

To: (Name of Bank)
✔

Branch:
✔

Name of Billing Organisation ("BO"):
SINGAPORE CHILDREN'S SOCIETY

Name of Donor:
✔

Billing Organisation Customer's Reference Number:

(a) I / We hereby instruct you to process the BO's instructions to debit my / our account.
(b) You are entitled to reject the BO'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 BO.

Name of Donor(s) (As indicated on Account / Joint Account*)
✔

Account Number:
✔

Amount of Monthly Donation (Payment Limit)
✔ $

Tel No. (Home / Mobile):
✔

Signature / Thumbprint of Donor(s) (if on behalf of company**)
✔
(As in Bank's records)

PART 2 For Singapore Children's Society's Official Use

Bank				Branch			Billing Organisation's Account No.									
7	3	3	9	5	2	4	0	4	6	6	7	9	0	0	1		

Bank				Branch			Account No.									

Billing Organisation's Customer Ref. No.											

PART 3 For Financial Institution's Completion

To: Billing Organisation
This Application is hereby REJECTED (please tick) for the following reason (s):

☐ Signature / Thumbprint* differs from Financial Institution's records

☐ Signature / Thumbprint* incomplete / unclear*

☐ Account operated by signature / thumbprint*

☐ Wrong account number

☐ Amendments not countersigned by customer

☐ Others: _____

Name of Approving Officer:

Authorised Signature: Date:

*Please delete where inapplicable

**For thumbprints, please go to the branch with your identification.