PRESBYTERIAN Community Services
Inspiring tomorrow's community today
长 老 会 社 区 服 务

DONATION FORM

89 Short Street, #08-08 Golden Wall Centre Singapore 188216 Tel: 63344445 Fax: 63387153

Donor Particulars

Company / Individual name (Mr/Mrs/Miss/Mdm/Dr) _____
(For individuals, please underline surname)

NRIC/FIN/ UEN _____
(Individual donors, please state your NRIC/FIN for automatic tax deduction. For corporate donors, please state your company registration no.)

Address: _____ S (_____)

Contact Telephone: _____ Email address: _____

I wish to make a (please check accordingly):

☐ One time donation ☐ Monthly donation *from* _____ *to* _____
month/year *month/year*

Donation Amount

☐ $10 ☐ $20 ☐ $50 ☐ $100 ☐ Others please specify $ _____

(For Giro donations, please attach together with the Giro Authorization form)

Donation by Cheque

Name of Bank : _____ Cheque No : _____ Date : _____

Please make cheque in favour of " Presbyterian Community Services".

Donation by Card

VISA MasterCard Card No : ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry Date : _____ Signature : _____ Date : _____

Please indicate the programme you wish to donate to *(please check accordingly)*:

☐ Sarah Seniors Activity Centre
☐ Integrated Childcare Programme
☐ Dorcas Home Care Services
☐ Emergency Relief Scheme
☐ Evergreen Circle Neighbourhood Link
☐ Others: _____

Note: WEF 1 Jan 2011, all donations by individuals/ companies will be automatically included for tax deduction. ***(Please check accordingly.)***

☐ Yes, I would still like to receive a tax exempt receipt.

Acknowledgement Permission

In compliance with the Code of Governance for Charities and IPCs, we would like to hear from you whether you wish to be acknowledged in our Annual Stewardship Report or to remain anonymous.

☐ Yes, I wish to be acknowledged. ☐ I wish to remain anonymous.

THANK YOU FOR YOUR SUPPORT