

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 the Giro Authorization form together with this)

Donation by Cheque

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

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

Donation by Card



Card No :

Expiry Date : _____ Signature : _____ Date : _____

Note:

- In compliance with PDPA, it is our policy to ensure all donors' particulars are kept in strict confidence for the purpose of Donors Relation Management.
- effective 1 Jan 2011, all donations by individuals/ companies are automatically included for tax deduction.

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