



## DONATION FORM

I/ We would like to make a donation to (please tick your choice):

- Singapore Anglican Community Services
- Others: \_\_\_\_\_  
(Name of specific services, if applicable)

Please mail form to: Singapore Anglican Community Services, 10 Simei Street 3, Singapore 529897. Attention: Administration Department

### DONOR'S PARTICULARS

(Mr / Mrs / Miss / Ms / Mdm / Dr / \_\_\_\_\_ )

Name of Person or Company : \_\_\_\_\_

NRIC / FIN / UEN No. : \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

Email: \_\_\_\_\_ Contact No: \_\_\_\_\_

Tax deduction will be given to donations of S\$50 or more. To obtain tax deduction, please provide us with your NRIC/FIN/UEN No. From 1 January 2011, Inland Revenue Authority of Singapore (IRAS) will no longer accept claims for tax deduction based on donation receipts. Tax deductions for donations will be automatically reflected in your tax assessment based on information from the Institute of Public Character (IPC), i.e. the Charity.

#### To Singapore Anglican Community Services (please tick):

- I do not need tax deduction       I do not need a receipt       I do not wish to be acknowledged in SACS Annual Report

### PAYMENT BY

• **Cheque / Cashier Order :** Amount \$ \_\_\_\_\_ (Cheque No./ Money Order \_\_\_\_\_ )  
Please issue cheque to "Singapore Anglican Community Services".

• **Credit Card :**  
Amount \$ \_\_\_\_\_ One-time / Monthly donation\* (please delete) From \_\_\_\_\_ (mm/yy) to \_\_\_\_\_ (mm/yy)  
Visa / Mastercard / AMEX\* (please delete)  
Credit Card No.: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

• **By Direct Debit Authorisation - GIRO**  
Amount \$ \_\_\_\_\_  
Name of bank: \_\_\_\_\_  
Branch: \_\_\_\_\_  
Name(s) as in bank record: \_\_\_\_\_  
Bank a/c no.: \_\_\_\_\_  
Deduction From \_\_\_\_\_ (mth / yr) to \_\_\_\_\_ (mth / yr)  
Name of billing organisation: **Singapore Anglican Community Services**

• I/We hereby instruct you to process Singapore Anglican Community Services instructions to debit my/our account.  
• You are entitled to reject Singapore Anglican Community Services debit instructions 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.  
• This authorisation will remain in force throughout the deduction period stated, or until it is terminated by our written notice sent to my/our address last known to you or upon receipt of my/our written revocation through Singapore Anglican Community Services .

**Thumbprint(s)/Signature(s)**  
As in bank record  
For thumbprint, please go to the branch with your identification.  
  
Date: \_\_\_\_\_

#### For Singapore Anglican Community Services' Use Only

Bank	Branch	Singapore Anglican Community Services A/c No.	Singapore Anglican Community Services Donor Ref No.	Bank	Branch	A/c No. to be debited
7 1 7 1	0 0 4	0 1 7 0 2 0 2				

#### For Bank's Official Use Only

To: Singapore Anglican Community Services: This application is hereby **APPROVED / REJECTED** [please tick the following reason(s)]

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Signature / Thumbprint* differs from Financial Institution's records | <input type="checkbox"/> Account operated by signature/ thumbprint* | <input type="checkbox"/> Wrong account number |
| <input type="checkbox"/> Signature / Thumbprint* incomplete / unclear*                        | <input type="checkbox"/> Amendments not countersigned by customer   | <input type="checkbox"/> Others: _____        |

Name of approving officer \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_