

## DONATION FORM

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

- Singapore Anglican Community Services
  - Anglican Care Centre (Bukit Batok / Farrer Park / Hougang / Pasir Ris / Simei / Yishun)\*
  - Anglican Cluster Operator (Jurong East)
  - Anglican Family Centre
  - Anglican Senior Centre (Hillview / Jurong West / Tampines / Woodlands / Yishun)\*
  - CITY Community Services
  - PEACE-Connect Cluster Operator
  - St. Andrew's Nursing Home (Taman Jurong)
- (\*Please circle)

### DONATION AMOUNT

- S\$50                     
  S\$100                     
  S\$500                     
  S\$1,000                     
  Others: S\$ \_\_\_\_\_

### MODE OF DONATION


*\*Please do not staple your cheque or enclose cash.*

- **Cheque:**  
Cheque No.: \_\_\_\_\_ (Please issue cheque payable to: **Singapore Anglican Community Services**)

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- **Credit Card (Mastercard / Visa / Amex):**
  - One-time donation                       Monthly donation: From \_\_\_\_ / \_\_\_\_ (mm/yy) to \_\_\_\_ / \_\_\_\_ (mm/yy)
 Credit Card No.: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_ (mm/yy)

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- **Online via Giving.sg:**  

[www.giving.sg/singapore-anglican-community-services](http://www.giving.sg/singapore-anglican-community-services)

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- **GIRO:**  
Please use the Authorisation Form on the next page.

### DONOR'S PARTICULARS

Name / Company Name: (Mr. / Mrs. / Miss / Ms. / Mdm. / Dr. / \_\_\_\_ ) \_\_\_\_\_

Full NRIC / FIN / UEN No.: \_\_\_\_\_ **(required for tax deduction)**

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

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

Singapore Anglican Community Services (SACS) is an Institution of a Public Character. All donations are eligible for 2.5 times tax deduction. To qualify for tax deduction, please provide your full name / company name and NRIC / FIN / UEN number. Tax deduction will automatically be reflected in your annual tax assessment.

- Please tick the box if you wish to receive a receipt.
- Please tick the box if you wish to be acknowledged in the SACS Annual Report.

Please mail the form to: **Singapore Anglican Community Services, 10 Simei Street 3 Singapore 529897,**  
**Group Corporate Communications Department**  
*Thank you for your donation and support!*



## Donation to Singapore Anglican Community Services via GIRO Deduction

To (Name of Bank): _____	Branch: _____
Name of Account Holder: _____	Bank Account Number: _____
Donation Amount: S\$ _____	Monthly Deduction from: _____/____/____ (mm/yy) to ____/____/____ (mm/yy)

Name of Billing Organisation: **Singapore Anglican Community Services**

- I / We hereby instruct the Bank to process Singapore Anglican Community Services' instructions to debit my / our account.
- The Bank is 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. The Bank 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 per the duration period indicated above, or until it is terminated by the Bank's written notice sent to my / our address last known to the Bank, or upon receipt of my / our written revocation through Singapore Anglican Community Services.

\_\_\_\_\_  
Signature(s) / Thumb print(s)\* as in bank record  
(\* Please go to the branch with your identification for thumbprint)

\_\_\_\_\_  
Date

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

Bank	Branch	Singapore Anglican Community Services A/C No.
7 3 7 5	4 5 1	4 5 1 3 1 0 4 4 2 6

Singapore Anglican Community Services Donor Ref. No.											

### **For Bank's Official Use Only:**

To: Singapore Anglican Community Services

This application is hereby APPROVED / REJECTED\*. [Please tick the following reason(s):]

- Signature / thumbprint\* differs from financial institution's records
- Signature / thumbprint\* incomplete / unclear\*
- Account operated by signature / thumbprint\*
- Amendments not countersigned by customer
- Wrong account number
- Others: \_\_\_\_\_

(\* Please delete where applicable)

\_\_\_\_\_  
Name of Approving Officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please mail the form to: **Singapore Anglican Community Services, 10 Simei Street 3 Singapore 529897, Group Corporate Communications Department**

*Thank you for your donation and support!*