

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)

DONATION AMOUNT

S\$50

S\$100

S\$500

S\$1,000

Others: S\$ _____

MODE OF DONATION

• **Cheque:**

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

• **Credit Card:**

One-time donation

Monthly donation: From ____ / ____ (mm/yy) to ____ / ____ (mm/yy)

Credit Card No.: _____

Expiry Date: ____ / ____ (mm/yy)

• **Online via Giving.sg:**



www.giving.sg/singapore-anglican-community-services

• **GIRO:**

Please use the Authorisation Form on the next page.

DONOR'S PARTICULARS

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

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. Donation of S\$50 or more may be eligible for 250% tax deduction. To qualify for tax deduction, please provide your full name and NRIC / FIN / UEN number. Tax deduction will automatically be reflected in your annual tax assessment, unless otherwise indicated.

I do not require tax deduction.

Receipts will only be mailed to you for donation of S\$500 and above. Receipts will be mailed to you upon request.

I wish to receive a receipt.

All donors who donate S\$1,000 or more will be acknowledged in the SACS Annual Report, unless otherwise indicated.

I do not wish to be acknowledged in the SACS Annual Report.

Please mail the form to: **8 Simei Street 3 Singapore 529895, c/o 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 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 per the duration period indicated above, or until it is terminated by your written notice sent to my/our address last known to you, 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 1 7 1	0 0 4	0 0 4 0 1 7 0 2 0 2

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: **8 Simei Street 3 Singapore 529895, c/o Group Corporate Communications Department**

Thank you for your donation and support!