

## DONATION FORM

### My Particulars (个人资料)

 Personal Donation 个人捐赠

 Corporate Donation 公司捐赠

Name (Dr / Mr / Mrs / Ms / Mdm) 姓名/公司名称: \_\_\_\_\_

 Full NRIC/FIN 身份证号码:  -  - 

Company Unique Entity Number (UEN) 公司注册号码:

(Only applicable for Corporate Donation)

 Address 地址: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postal Code 邮区: \_\_\_\_\_

Contact Number 联络号码: \_\_\_\_\_ (H) 住家 \_\_\_\_\_ (M) 手机 \_\_\_\_\_ (O) 办公室

Email 电邮: \_\_\_\_\_

*Note: All donations made to HNF will qualify for 250% tax deduction. The tax deduction will be automatically included in your tax assessment if you provide us with your NRIC/FIN/UEN. If you wish to receive an email receipt of your donation, kindly provide us with your email address. Hard copy receipts are only issued for donations above \$50, and only upon request via email to Fundraising@hnf.org.sg or call to 6854 5503.*

### My Donation

 One-Time Donation 一次捐款

 Monthly Donation 按月捐款

 Amount:  \$250  \$150  \$100  \$30  Other Amount: \$ \_\_\_\_\_

#### Mode of Payment 捐款方式

 By Cheque 支票

 Cash 现金

Bank &amp; Cheque No. 银行与支票号码: \_\_\_\_\_

(Payable to "Home Nursing Foundation")

(支票受益团体为本 Home Nursing Foundation)

 By Giro (Only for Monthly Donations) Please fill up the Giro Form below.

财路 (只限于按月捐款者) 请填写第二页的财路申请表格

 By Credit Card 信用卡:

 Visa 威士卡

 Mastercard 万事达卡

 Amex 美国运通卡

 Credit Card Number 信用卡号码:    

Name as on Credit Card 持卡人姓名: \_\_\_\_\_

 Expiry date of Credit Card 有效日期:  / 

(Month 月 / Year 年)

Signature 签名: \_\_\_\_\_ Date 日期: \_\_\_\_\_

**Application Form for Interbank GIRO (财路申请表格)**

**Part 1: For your completion (Please do not use correction fluid 请不要使用涂改液)**

Name as in Bank's record 姓名如同银行记录: \_\_\_\_\_  
(Dr / Mr / Mrs / Ms / Mdm)

Full NRIC/FIN 身份证号码:  -  -

Date 日期: \_\_\_\_\_ Telephone 联络号码: \_\_\_\_\_

Name of Bank 银行名称: \_\_\_\_\_ Branch 分行: \_\_\_\_\_

Bank Account Number 银行户口号码: \_\_\_\_\_



\* Thumbprint (s) / Signature (s)  
拇指印或签名

I / We hereby instruct the bank to process the Home Nursing Foundation's instructions to debit my / our account.

**Part 2: For HNF Use**

Beneficiary: **Home Nursing Foundation**

Billing Organization's Customer Reference Number:  
\_\_\_\_\_

SWIFT BIC	Billing Organisation's Account No.

SWIFT BIC	Account No. to be debited

**For Financial Institution's Completion**

To: Home Nursing Foundation

This Application is hereby REJECTED. Please tick for the following reason (s):

- ( ) Signature / Thumbprint# differs from Financial Institution's records
- ( ) Signature / Thumbprint# incomplete / unclear
- ( ) Account operated by Signature / Thumbprint#
- ( ) Wrong account number
- ( ) Amendments not countersigned by donors
- ( ) Others: \_\_\_\_\_

\_\_\_\_\_  
Name of approving officer

\_\_\_\_\_  
Authorised Signature

\_\_\_\_\_  
Date

\* For thumbprint, please proceed to the branch with your identification card.

# Please delete where applicable

+ In accordance with the Charities Act (Chapter 37), individual and corporate donors have to include their NRIC or UEN numbers respectively for tax deduction.