

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 & 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: _____

