

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) 办公事	
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)请填妥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:	/		
(M	onth 月 / Year 年)		
Signature 签名:	Date 日期:		

Blk 490, Lorong 6 Toa Payoh, #05-10, HDB Hub, Singapore 310490 Tel: 6854 5555 Fax: 6255 5774 www.hnf.org.sg HNF Wellness@Hougang, Hougang Community Club, 35 Hougang Avenue 3, #04-01, Singapore 538840 HNF Wellness@Buangkok, Blk 991B Buangkok Link, #01-251, Singapore 532991 HNF Active Ageing Care Hub, Blk 999 Buangkok Crescent, #01-01, Singapore 530999

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	ē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:			
Name of Bank 银行名称:			
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 instruction	ons to debit my / our account.		
Part 2: For HNF Use			
Beneficiary: Home Nursing Foundation			
Billing Organization's Reference Number:			
Bank Branch HNF's Account No:			
7 3 3 9 5 0 4 0 2 1 1 4 8 0 0 2			
For Financial Institution's Completion			
To: Home Nursing Foundation			
This Application is hereby REJECTED. Please tick for the following reason	n (s):		
() Signature / Thumbprint# differs from Financial Institution's records	() Wrong account number		
() Signature / Thumbprint# incomplete / unclear	() Amendments not countersigned by donors		
() Account operated by Signature / Thumbprint#	() 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 d respectively for tax deduction. 	onors have to include their NRIC or UEN numbers		

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