

# DONATION FORM



## My Personal Particulars

☐ Personal Donation 个人捐款 ☐ Corporate Donation 公司捐款

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

NRIC/FIN 身份证号码: \_\_\_\_\_

Company Unique Entity Number (UEN) 公司注册号码 [previously known as "ROC" / "ROB"]:

--	--	--	--	--	--	--	--	--	--

(Only applicable for corporate donation)

Address 地址: \_\_\_\_\_

\_\_\_\_\_

Postal Code 邮区: \_\_\_\_\_

Contact number 联络号码: \_\_\_\_\_ (H) 住家 \_\_\_\_\_ (O) 办公事

\_\_\_\_\_ (HP) 手机

Email 电邮: \_\_\_\_\_

*Note: All outright donations made to HNF will qualify for 250% tax deduction. We will send hardcopy tax deduction receipts for donations \$1,000 and above, or upon request. HNF will collect, use and disclose your personal data for the purposes of verifying your identity; registering your donation and tax reference number with IRAS in order to qualify you for tax deduction (if applicable); and other administrative matters on donation payments or refund.*

## My Donation

One - Time Donation 一次捐款

☐ \$500 ☐ \$100 ☐ \$50 Other Amount(s): \$ \_\_\_\_\_

Monthly Donation 按月捐款

☐ \$100 ☐ \$50 ☐ \$20 Other Amount(s): \$ \_\_\_\_\_

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: /  
(Month 月 / Year 年)

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

# DONATION FORM



## Application Form for Interbank GIRO (财路申请表格) for monthly donation only (只限按月捐款)

### Part 1: For your completion (Please do not use correction fluid 请勿使用涂改液)

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

NRIC/FIN 身份证号码:  —  —

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

Name of Bank 银行名称: \_\_\_\_\_

Your Bank Account Number to be debited [For Your Completion] 银行户口号码: \_\_\_\_\_

#### Terms And Conditions

- (a) I/We hereby instruct the Bank to process the BO's instructions to debit my/our account.
- (b) The Bank is entitled to reject the BO's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. The Bank may also at its discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- (c) This authorisation will remain in force until
- The Bank's written notice is sent to my/ our address last known to the Bank;
  - Upon the Bank's receipt of my/our written revocation; or
  - Upon the Bank's receipt of the notice of expiry from the BO.

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

### Part 2: For HNF Use

Beneficiary: **Home Nursing Foundation**

Billing Organisation's Customer Reference No.: \_\_\_\_\_

SWIFT BIC	Billing Organisation's Account No.
OCBCSGSGXXX	

SWIFT BIC	Account No. to be debited

## Part 3: For Financial Institution's Completion

To: Home Nursing Foundation

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

- |   |   |
|---|---|
| <input type="checkbox"/> Signature / Thumbprint# differs from Financial Institution's records | <input type="checkbox"/> Wrong account number                   |
| <input type="checkbox"/> Signature / Thumbprint# incomplete / unclear                         | <input type="checkbox"/> Amendments not countersigned by donors |
| <input type="checkbox"/> Account operated by Signature / Thumbprint#                          | <input type="checkbox"/> 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.