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 身分证号码: _____

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 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: ☐☐/☐☐
(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

DONATION FORM

Part 3: **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.