

DONATION FORM

THANK YOU FOR YOUR SUPPORT!



Submit or mail the completed form to 9 Bishan Place #07-01 Junction 8 (Office Tower) Singapore 579837.

All donations of \$200 and above received from 4 March 2021 to 23 July 2021 will be channelled to our fundraising project "SHF Charity Cup Golf Tournament 2021".

DONOR PARTICULARS (For tax exemption receipt to be issued to)

Company/Full Name (Mr/Ms)*: _____
*Delete as appropriate (For individuals, please underline last name)

UEN/NRIC/FIN No.: _____ Address: _____
(S _____)

Contact No. (H/P): _____ (Home): _____ (Email): _____

DONATION AMOUNT

\$38 \$48 \$58 \$228 \$288 \$348 \$456 \$576 \$696

Other Amount (please specify): \$ _____ (minimum donation of \$5/month is applicable for deduction made via GIRO)

FREQUENCY

Monthly Four-monthly Half-yearly Annually One-time contribution

MODE OF DONATION

Cheque No.: _____
(Crossed and in favour of "Singapore Heart Foundation")

GIRO (please complete the form below)

Please check this box if you **do not wish** to receive information on Singapore Heart Foundation's future events and updates.

I am interested to find out more about leaving a charitable bequest to the Singapore Heart Foundation.

NOTE:

- This donation is tax deductible and the 2.5 times deduction will be automatically included in your tax assessment based on the UEN/NRIC/FIN number provided. Tax deduction is subjected to changes in prevailing law, if any. You do not need to claim the deduction in your tax form.
- We will keep all information (i) name, gender, nationality, date of birth, NRIC/FIN number; (ii) email address, postal address, telephone numbers; in this form confidential. We adhere to a very strict policy regarding donor privacy. We will use this information in order to (i) administer your accounts with us; (ii) process donations, orders or applications made by you; (iii) send you information and call/SMS you with regards to our events, programmes, fundraising, products or services; (iv) verify your identity; (v) carry out donor profile analysis and make general improvements to our organisation's operations; (vi) obtain your views or comments about our programmes, products and services; and (vii) contact the winners of our competitions (if any) and to help us plan other fundraising and/or promotional activities. No information, in whole or in part, in its paper or electronic format, will be disclosed, used, modified or reproduced for any other person or organisation, except in connection with these purposes stated.
- By submitting this form, you hereby consent to SHF collecting, using and disclosing your personal data for the purposes set out above.

APPLICATION FORM FOR INTERBANK GIRO

PART I: FOR APPLICANT'S COMPLETION (The use of correction tape is not allowed. Amendments made on this form must be countersigned by applicant.)

Date: _____ Name of Billing Organisation: Singapore Heart Foundation
To (Name of Bank): _____ Applicant's Name: _____
Branch: _____ UEN/NRIC/FIN: _____

- We/I hereby instruct the Bank to process Singapore Heart Foundation's instruction to debit our/my account.
- The Bank is entitled to reject Singapore Heart Foundation's debit instructions if our/my account does not have sufficient funds and charge us/me a fee for this. The Bank may also at your own discretion allow the debit even if this results in an overdraft on the account and imposes charges accordingly.
- The authorisation will remain in force until termination by the Bank's written notice sent to our/my address last known to the Bank or upon receipt of our/my revocation through Singapore Heart Foundation.

(As in bank account) Our/My Name: _____ (As per Bank's record) Our/My Signature(s) / Thumbprint(s)*: _____
* For thumbprints, please go to the branch with your identification.
Our/My Bank Account No.: _____ Our/My Contact No.: _____

PART II: FOR SINGAPORE HEART FOUNDATION'S COMPLETION

SWIFT BIC	Billing Organisation's Account No.
DBSSSGSGXXX	003-948071-7

Customer Reference No.						
S	H	F	I	B	G	

SWIFT BIC	Account No. to be Debited

PART III: FOR BANK'S COMPLETION

To: Singapore Heart Foundation

This application is REJECTED (please tick) for the following reason(s):

- | | |
|---|--|
| <input type="checkbox"/> Signature/Thumbprint differs from the Bank's records | <input type="checkbox"/> Wrong account number |
| <input type="checkbox"/> Account operated by signature/thumbprint | <input type="checkbox"/> Signature/Thumbprint incomplete/unclear |
| <input type="checkbox"/> Amendments not countersigned by customer | <input type="checkbox"/> Others |

Name of Approving Officer

Authorised Signature

Date