

# Yes, I Want To Be Part of Your Work Today!

## All Donations Are Tax-Deductible

### PART I

Name (As per NRIC) (Dr/Mr/Mrs/Ms/Mdm) (Use block letters)


Email Address \_\_\_\_\_

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

Postal Code 

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NRIC/FIN No. 

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

 Gender  Male  Female

(for automatic tax deduction, NRIC/FIN No. is required for submission to IRAS)

Date of Birth 

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 DD 

--	--

 MM 

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 YYYYContact Nos 

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 (H)

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 (O)

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 (HP)

### PART II

 One-time Donation (Cheque)     \$20     \$50     \$100     Others \$ \_\_\_\_\_ (please state amount) Monthly Donation (GIRO)     \$5     \$10     \$20     Others \$ \_\_\_\_\_ (please state amount)

### PART III

#### By Cheque

Cheque No. \_\_\_\_\_ Bank \_\_\_\_\_

(Please make crossed cheque payable to : **Caregiving Welfare Association**)

#### By GIRO

Name of Bank \_\_\_\_\_

Branch \_\_\_\_\_

Names(s) as in bank record \_\_\_\_\_

Bank A/c No. 

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Name of billing organisation : **Caregiving Welfare Association**.....  
**Signature(s) Thumbprint(s)**As in bank record  
Please go to the branch with your  
identification for thumbprint.....  
**Date**

a. I/We hereby instruct you to process Caregiving Welfare Association's instructions to debit my/our account.

b. You are entitled to reject Caregiving Welfare Association's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your 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 it is terminated by your written notice sent to Caregiving Welfare Association.

### For Caregiving Welfare Association's Official Use Only

Bank	Branch	Caregiving Welfare Association A/C No.

Caregiving Welfare Association's Donor Ref. No.

Bank	Branch	Account No. to be Debited

### For Bank's Official Use Only

**To: Caregiving Welfare Association**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 Amendments not countersigned by customer Wrong account number Others \_\_\_\_\_.....  
Name of Approving Officer.....  
Authorised Signature.....  
Date

Thank you for your generous support.

For more information, please contact:

**Caregiving Welfare Association**

Blk 3 Ghim Moh Road #01-294 Singapore 270003 Tel: 6466 7957 Fax: 6466 5927

Email: contact@cwa.org.sg Website: www.cwa.org.sg

