Please glue and seal along this dotted line

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)

Address_____

_____Postal Code

NRIC/FIN No. Gender Male Female

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

Date of Birth DD MM YYYY

Email Address_____

Name of Company_____

Contact Nos (H) (O) (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.

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