

DONATION FORM

Donor Particulars

Company / Individual name (Mr/Mrs/Miss/Mdm/Dr) _____
(For individuals, please underline surname)

NRIC/FIN/ UEN _____
(Individual donors, please state your NRIC/FIN for automatic tax deduction. For corporate donors, please state your company registration no.)

Address: _____ S (_____)

Contact Telephone: _____ Email address: _____

Donation Amount

\$10 \$20 \$50 \$100 Others please specify \$ _____

Frequency


One time donation Monthly donation (credit card transactions only)

Donation by Cheque

Name of Bank : _____ Cheque No : _____ Date : _____

Please make cheque in favour of " Presbyterian Community Services "

Donation by Card

 Card No :

Expiry Date : _____ Signature : _____ Date : _____

(Please tick accordingly)

Please indicate the programme you wish to donate to:

- | | |
|--|---|
| <input type="checkbox"/> Sarah Seniors Activity Centre | <input type="checkbox"/> Integrated Childcare Programme |
| <input type="checkbox"/> Dorcas Home Care Services | <input type="checkbox"/> Emergency Relief Scheme |
| <input type="checkbox"/> Evergreen Circle | <input type="checkbox"/> Others: _____ |

Note: WEF 1 Jan 2011, all donations by individuals/ corporates will be automatically included for tax deduction. (Please check accordingly.)

Yes, I would like to receive a tax exempt receipt.

Acknowledgement Permission

In compliance with the Code of Governance for Charities and IPCs, we would like to hear from you whether you wish to be acknowledged in our Annual Stewardship Report or to remain anonymous.

Yes, I wish to be acknowledged I wish to remain anonymous

THANK YOU FOR YOUR SUPPORT