



Serving people with disabilities since 1964

REF

Your Donation Helps

PERSONAL PARTICULARS

| | |
|-------------------|------------------------------|
| NRIC/FIN/UEN No. | NAME OF DONOR (Dr/Mr/Mrs/Ms) |
| MAILING ADDRESS | POSTAL CODE |
| TEL (MOBILE/HOME) | EMAIL ADDRESS |

(a) For auto-inclusion of tax-exemption (i.e. 2.5 times of the donated amount), please state clearly your NRIC /FIN / UEN No.

(b) I would like to opt out of the following:

- To have my donation recognized or acknowledged at SPD's discretion;
- The use of my personal information provided in this form for the specified purposes of receiving news and any other communications from SPD relating to its programmes, services and event

Yes, I am pleased to make a contribution of the following amount: (please ✓)

ONE-TIME DONATION (BY CHEQUE OR CREDIT CARD ONLY)

| | | | | | | |
|-------|-------|-------|-------|------|----|------------------------------|
| \$500 | \$300 | \$200 | \$100 | \$50 | \$ | Other amounts (Please state) |
|-------|-------|-------|-------|------|----|------------------------------|

MONTHLY DONATION (BY GIRO OR CREDIT CARD ONLY)

| | | | | | | |
|-------|------|------|------|-----|----|------------------------------|
| \$100 | \$50 | \$20 | \$10 | \$5 | \$ | Other amounts (Please state) |
|-------|------|------|------|-----|----|------------------------------|

MODE OF PAYMENT (Please do not enclose cash)

By GIRO (Please complete the GIRO form below, strictly for monthly donation only)

By Cheque/Money Order/Postal Order No.: _____ made payable to "SPD"

By VISA / Mastercard

| | |
|-------------|----------------|
| Expiry Date | Signature/Date |
|-------------|----------------|

PART 1: FOR DONOR'S COMPLETION (FOR INTERBANK GIRO APPLICATION ONLY)

| | | |
|-----------------------------------|---|------------|
| Date | Name of Billing Organisation | SPD |
| To (Name of bank) | Branch | |
| My / Our Account Number | My/Our Contact No.(s) | |
| My/Our Name(s) as in bank account | My/Our Signature(s) Thumbprint(s)* / Company Stamp | |

I/ We hereby instruct you to proceed with the SPD's instructions to debit my/our account.

*For thumbprint, please go to the branch with your identification

- (a) You are entitled to reject the SPD's debit instructions if my/our account does/do 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.
- (b) This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through the SPD.

PART 2: FOR SPD'S COMPLETION

| | | | |
|-----------------------------------|--------|-------------------------------------|--|
| BANK | BRANCH | SPD'S BANK ACCOUNT NO. | DONOR REFERENCE NO. (To be completed by SPD) |
| 7 1 7 1 0 2 4 0 2 4 0 0 6 1 2 0 5 | | | |
| BANK | BRANCH | ACCOUNT NO. TO BE DEBITED (DONOR'S) | |
| | | | |

PART 3: FOR BANK'S COMPLETION

To: SPD, 2 Peng Nguan Street, SPD Ability Centre, Singapore 168955 Tel: 6579 0669 / Fax: 6323 7008

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

| | | | |
|--------------------------|--|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Signature/thumbprint# differs from bank's record | <input type="checkbox"/> | Wrong account no. |
| <input type="checkbox"/> | Signature/thumbprint# incomplete/unclear# | <input type="checkbox"/> | Amendments not countersigned by Donor |
| <input type="checkbox"/> | Account operated by thumbprint/signature# | <input type="checkbox"/> | Others |

Name of Approving Officer

Authorised Signature

Date

Please delete where applicable