## **DONATION FORM**



My Personal Particulars			
Personal Donation 个人捐款	Corporate Donation 公司捐款		
Name 姓名 (Dr/Mr/Mrs/Ms/Mdm):			
NRIC/FIN 身分证号码:			
Company Unique Entity Number (UEN) 公司注册号码 [UEN] 公司注册号码 [UEN] 公司注册号码 [UEN] 公司注册号码 [UEN] 公司注册号码	ᅴ [previously known as "ROC" / "ROB"] :		
Address 地址:			
	Postal Code 邮区:		
Contact number 联络号码:	(H) 住家(O) 办公事	Ē	
	(HP) 手机		
Email 电邮:			
Note: All outright donations made to HNF between 1 Jan – 31 Dec 2017 qualify for 250% tax deduction. We will send tax deduction receipts for donations of \$50 and above, or upon request. HNF will collect, use and disclose your personal data for the purposes of verifying your identity; registering your donation and tax reference number with IRAS in order to qualify you for tax deduction (if applicable); and other administrative matters on donation payments or refunds.			
My Donation			
One - Time Donation —次捐款			
Monthly Donation 按月捐款  \$100 \$50 \$20 Other Amount(s): \$			
Mode of Payment 捐款方式			
☐ By Cheque 支票 ☐ Cash 现金			
Bank & Cheque No. 银行与支票号码: (Payable to "Home Nursing Foundation") (支票受益团体为本 Home Nursing Foundation)			
By Giro (Only for Monthly Donations) Please fill up the Giro Form below. 财路 (只限于按月捐款者) 请填妥第二页的财路申请表格			
By Credit Card 信用卡:			
── Visa 威士卡 ── Mastercard 万事达卡 ── Amex 美国运通卡			
Credit Card Number 信用卡号码:			
Name as on Credit Card 持卡人姓名:			
Expiry date of Credit Card 有效日期:			

Signature 签名: \_\_\_\_\_ Date 日期: \_\_\_\_\_



## Application Form for Interbank GIRO (财路申请表格) for monthly donation only (只限按月捐款) Part 1: For your completion (Please do not use correction fluid 请勿使用涂改液) Name as in Bank's record 姓名如同银行记录: \_ (Dr/Mr/Mrs/Ms/Mdm) NRIC/FIN 身份证号码: Date 日期: \_\_ Telephone 联络号码: \_\_\_\_\_ Name of Bank 银行名称: \_\_\_ Your Bank Account Number to be debited [For Your Completion] 银行户口号码: \_\_\_\_\_ Terms And Conditions (a) I/We hereby instruct the Bank to process the BO's instructions to debit my/our account. (b) The Bank is entitled to reject the BO's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. The Bank may also at its 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 The Bank's written notice is sent to my/ our address last known to the Bank; Upon the Bank's receipt of my/our written revocation; or Upon the Bank's receipt of the notice of expiry from the BO. \* Thumbprint (s) / Signature (s) 拇指印或签名 Part 2: For HNF Use Beneficiary: Home Nursing Foundation Billing Organisation's Customer Reference No.: SWIFT BIC Billing Organisation's Account No. OCBCSGSGXXX SWIFT BIC Account No. to be debited

## **DONATION FORM**



Part 3: For Financial Institution's Completi	on			
To: Home Nursing Foundation				
This Application is hereby REJECTED. Please tick for the following reason (s):				
( ) Signature / Thumbprint# differs from Financial Institution's records		() Wrong account number		
() Signature / Thumbprint# incomplete / unclear		() Amendments not countersigned by donors		
( ) Account operated by Signature / Thumbprint#		( ) Others:		
Name of approving officer	Authorised Signature	Date		
* For thumbprint, please proceed to the branch w # Please delete where applicable + In accordance with the Charities Act (Chapter 3 respectively for tax deduction.	•	onors have to include their NRIC or UEN numbers		