



Catholic Welfare Services - Donation Form

All donations to CWS are tax-exempt. Please provide us your full particulars so that we can notify IRAS of your donations, which will be automatically tax-exempt. Please inform us if you do not receive your receipt after 14 days.
(Collection of personal information herein is for tax-exempt/audit purpose only.)

Name _____ *NRIC/FIN No. _____
 Address _____ Postal Code _____
 Tel _____ (HP) _____ (O) _____ Email _____ Date of Birth _____

I consent/ do not consent to my name and address being retained by Catholic Welfare Services to keep me updated on its fundraising activities/operations through printed information and for donor relationship purpose.

CASH/CHEQUE DONATION

I enclose the sum of \$ _____ in Cash Cheque (Bank _____ Cheque No _____)
 Please make cheque payable to **CATHOLIC WELFARE SERVICES SINGAPORE**. Do not send cash by post.

CREDIT CARD DONATION

(Visa/Master Card) No. _____

Expiry Date: _____

Signature _____

Date _____

GIRO DONATION

I like to make a monthly contribution of \$5 \$10 \$20 \$50 Others \$ _____
 (Payment Limit)

Name of Bank: _____ Branch: _____

Name(s) as in bank record: _____ Bank account number: _____

- a) I/We hereby instruct you to process Catholic Welfare Services' instructions to debit my/our account.
- b) You are entitled to reject Catholic Welfare Services' instruction if my/our account does not have sufficient funds.
- c) This authorization will remain in force until I/we have expressly revoked it by notice in writing delivered to you, it being understood that you may in your absolute discretion determine this arrangement by giving written notice to my/our address last known to you.
- d) I/We further understand that should the debtor be someone other than myself/ourselves, you will not be concerned or required to enquire whether the debtor's name on the record of the party to be credited is the same as that herein stated by me/us.

Thumbprint(s) /Signature(s) as in bank records _____

Date _____

- For thumbprint, please go to the branch with your identification.

For Official Use Only

To: Catholic Welfare Services

The application for Donation via GIRO is hereby **Rejected** for the following reason(s): (please tick ✓)

Signature / Thumbprint* incomplete / unclear*

Amendments not countersigned by customer

Account operated by signature / thumbprint*

Signature / Thumbprint* differs from Finance Institution's records

Wrong account number Others: _____ * delete where applicable

 Name of Approving Officer Authorised Signature Date

Bank	Branch	A/c	No to be credited
7	2	1	4
0	1	1	0
0	0	0	1
2	2	6	8
0	1	7	

Debtor's reference _____

Bank	Branch	A/c	No to be debited

Please send the completed donation form to:
 Catholic Welfare Services, Singapore, 55 Waterloo Street, #06-01, Singapore 187954.

Fax: 6336 1513 Email: generalenquiries@catholicwelfare.org.sg

Please be advised that we **do not** practise house-to-house collections. Any person doing so is unauthorised.