Catholic Welfare Services Donation Form

Name _____ *NRIC/FIN No. _____

Address _____ Postal Code _____

Tel _____ (HP) _____ (O) Email _____ Date of Birth _____

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 hereinstated 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

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

Debtor's reference _____

Bank Branch A/c No to be debited

_____ _____ _____

Name of Approving Officer Authorised Signature Date

Please be advised that we **do not** practise house-to-house collections. Any person doing so is unathorised.
All donations are tax-exempt. Please give 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.