



# DONATION FORM

All information is required unless otherwise stated. Please mail the completed form to METHODIST WELFARE SERVICES at 70 Barker Road, #05-01 Singapore 309936. \*Please delete where applicable.

## DONOR DETAILS

Your personal donation is eligible for 2.5 times tax deduction. Please provide your particulars, especially your NRIC/FIN No, for submission to the Inland Revenue Authority of Singapore for automatic tax deduction.

Title:  Mr  Mdm  Ms  Mrs  Rev  Dr  Prof
Full Name (as in NRIC/FIN): \_\_\_\_\_
NRIC / FIN\* No: \_\_\_\_\_ Gender:  Male  Female
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (DD/MM/YYYY)
Contact No: \_\_\_\_\_ (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ (Mobile)
Mailing Address: \_\_\_\_\_
Postal Code: \_\_\_\_\_
Email: \_\_\_\_\_
Occupation: \_\_\_\_\_ Company: \_\_\_\_\_
Place of Worship (if any): \_\_\_\_\_

## DONATION AMOUNT

Monthly Donation (SGD):
 \$30  \$50
 \$80  \$100
 Other amount: \_\_\_\_\_ monthly
One-Time Donation (SGD):
 \$100  \$150
 \$200  \$250
 Other amount: \_\_\_\_\_

## DONATION METHOD

CHEQUE (Payable to: Methodist Welfare Services)
Cheque No: \_\_\_\_\_ Bank: \_\_\_\_\_
 CREDIT CARD (Minimum S\$10.00) VISA / MASTERCARD \*
Cardholder's Name (as in credit card): \_\_\_\_\_ Expiry Date (MM/YY) \_\_\_\_ / \_\_\_\_
Signature (as in credit card): \_\_\_\_\_

GIRO (Please fill in form below)
For Donor's Completion
Full Name (as in bank account): \_\_\_\_\_
NRIC / FIN\* No: \_\_\_\_\_ Contact No (Tel/Fax\*): \_\_\_\_\_
Bank Account No: \_\_\_\_\_
To (Name of Bank): \_\_\_\_\_
Bank Branch: \_\_\_\_\_
Monthly Donation (payment limit): S\$ \_\_\_\_\_
Name of Billing Organisation: Methodist Welfare Services

For MWS' Completion
Bank Branch MWS Account No.
7171 033 0330165692
Bank Branch Account No. To Be Debited
MWS Customer Reference No.

- 1. I/We\* hereby hereby instruct you to process BO's instructions to debit my/our\* account.
2. You are 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. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
3. 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 Methodist Welfare Services.

Company Stamp / Signature(s) / Thumbprint(s)\* (as in bank's record)
For thumbprint verification, please visit your bank with your identification documents.
Date: \_\_\_\_\_

For Bank's Completion
To: Methodist Welfare Services
This application is hereby rejected for the following reason(s) (please indicate):
 Signature/Thumbprint\* differs from the Bank's records
 Amendments not countersigned by Customer
 Account operated by signature/thumbprint\*
 Signature/Thumbprint\* incomplete/unclear\*
 Wrong account number
 Others: \_\_\_\_\_
Name of Approving Officer: \_\_\_\_\_
Authorised Signature Date

NOTE:
Please be assured that your personal information will be kept strictly confidential except that Methodist Welfare Services ("MWS") may collect, use and disclose your personal data for the purposes of:
a. Administering your donations to MWS (including without limitation, disclosing to IRAS for tax deduction purpose);
b. Communications pertaining to your donations; and
c. Communicating and updating you on other charity initiatives or related activities including soliciting donations and volunteers for activities or programmes organised by MWS or other charitable organisations.
By submitting this form, you hereby consent to MWS collecting, using and disclosing your personal data for the purposes set out above. MWS Portal