



DONATION FORM

Donor Details

Personal Donation

Name: Dr / Mdm / Mr / Mrs / Ms *NRIC/FIN No.:

Address: Postal Code:

Telephone: (H) (HP) (Office)

Email Address:

Corporate Donation

Company Name: *UEN No.:

Contact Person/Designation:

Telephone: (Office) (HP) Email Address:

Company Address: Postal Code:

*** Required for auto-inclusion of tax deduction eligibility**

I am pleased to support Canossaville Children and Community Services with my contribution of:

(Please tick accordingly)

One-time donation through Cash/Cheque (please delete whichever is inapplicable)

Monthly recurring donation through GIRO (please return this form together with the GIRO authorisation form to Canossaville)

Donation Amount

\$1000 \$500 \$200 \$100 Other Amount: _____

I enclose my cheque no: _____ Bank: _____

Please make your cheque payable to "Canossaville Children and Community Services"

For enquiries, please call 65 6748 5777 or email info@canossaville.org.sg

Disclosure Consent

I agree that Canossaville Children & Community Services (Canossaville) may collect, use, disclose and/or process my personal data provided in this form in order to process, administer, facilitate, maintain and/or manage my relationship with Canossaville as a donor, including for communications and publicity on Canossaville's activities, programmes and services; donation requests and making disclosures required by law or by a competent authority.

Donor Signature: _____

Please mail completed form to Canossaville Children and Community Services, 1 Sallim Road, Singapore 387621, or Fax: 65 6748 0381, or Email: info@canossaville.org.sg. Please do not send cash by post.

Thank you for your kind donation! An acknowledgement letter with your tax-deductible/non tax-deductible receipt number will be sent to you.

For Office Use

Date: _____ Ref: TDR/ Non-TDR No.: _____ Acknowledged By: _____
(staff name & signature)