



# DONATION FORM

## Donor Details

### Personal Particulars

Name : Dr / Mdm / Mr / Mrs / Ms \* .....

\*\* NRIC/FIN No. : ..... Tel/HP : .....

Address : .....

Postal Code : ..... Email : .....

### Corporate Particulars

Company Name : ..... \*\*UEN No : .....

Contact Person : ..... Tel/HP : .....

Company Address : .....

Postal Code : ..... Email : .....

\*\* (compulsory for auto inclusion of income tax deduction eligibility)

## Type of Donation

One Time [ ]      Monthly [ ]      Yearly [ ]

Amount: S\$100 [ ]      S\$50 [ ]      Other Amount [ ] S\$ .....

## ( ) Cheque payable to 'ASSISI HOSPICE'

Bank : ..... Cheque No. : .....

## ( ) Credit Card Authorisation

Credit Card No: ..... Expiry Date : ..... / .....  
Month / Year

Type Of Card: Visa [ ]      Mastercard [ ]      American Express [ ]

## Disclosure Consent

I consent to allow Assisi Hospice (AH) to collect, use, disclose and/or process my personal data in order to process, administer, facilitate, maintain and/or manage my relationship with AH as a donor (Purpose) including communications on AH's activities, programmes and services; donation requests and making disclosures required by law or by a competent authority.

## Donor Signature

.....  
Donor's Signature - As In Bank's Records

.....  
Date

[ / ] Please tick where appropriate

Kindly post this form with your cheque, where applicable to Assisi Hospice, 832 Thomson Road, Singapore 574627 or Fax: 6356 9036