

DONATION FORM

By submitting the donation form, you fully understand and consent to our use and disclosure of your personal data for the purposes of processing donations, performing donor relations activities, carrying out fundraising appeals and events, sending marketing communication materials and submission of donation data to the Inland Revenue Authority of Singapore for tax deduction computation.

1. Donation Amount

- One Time Donation Monthly Donation (Please fill in below GIRO)
- \$20 \$50 \$200 \$500
- Others: _____

Note: Only donation value of \$20 and above will be entitled to tax-deduction.

2. Donor Details

Name (Dr / Mr / Mrs / Ms / Mdm) / Organisation: _____
NRIC / FIN / UEN No.: _____ (Compulsory for automatic tax deduction)
Email: _____ Mobile phone no. _____
Address: _____

All donations to Geylang East Home for the Aged (GEHA) are eligible for a 250% tax deduction. Please state NRIC/FIN or UEN number for auto-inclusion in your tax assessment. Tax deductible receipt will be issued for donation of \$50 and above. **For donations below \$50, tax deductible receipt will only be issued upon request.**

- I would like to opt out of future marketing communication materials from GEHA.
 Go Green! I do not require a hard copy tax deductible receipt.

3. Donation by Cheque (for one-time donation)

Please make cheque payable to "Geylang East Home for the Aged"

4. GIRO (for monthly donation)

Name of Bank: _____ Branch: _____

Name(s) as in Bank's records: _____

Bank Account No.: _____ Bill To: **Geylang East Home for the Aged**

Signature: _____ Date: _____

- I/We hereby instruct the Bank to process the instructions from GEHA to debit my/our account.
- You are entitled to reject GEHA 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.
- This authorisation will remain in force until terminated by your written notice sent to me/our address last known to you or upon receipt of my/our written revocation through GEHA.

FOR GEHA'S COMPLETION

Bank Swift BIC	GEHA's Account No.									
UOVBSGSGXXX	9	8	1	3	4	1	7	4	6	0

Bank Swift BIC	Donor's Account No. To Be Debited									

Donor's Reference No.									

FOR BANK'S COMPLETION

This Application is hereby REJECTED (please tick ✓) due to:

- Signature differs from Bank's records
 Signature irregular from Bank's records
 Account operated by signature/thumbprint
 Wrong account number
 Amendments not countersigned by customer
 Others: _____

Name of Bank Officer: _____

Signature of Bank Officer: _____

Date: _____