



60 Cecil Street, ISCA House
 Singapore 049709
 Tel: 6749 8060 Fax: 6749 8061
 Website: isca.org.sg/isca-cares/
 Email: iscacares@isca.org.sg

My Personal Particulars

Name _____ (Dr / Mr / Ms / Mrs / Mdm) Personal Donation Corporate Donation

NRIC/ FIN No. - -

Name of Company _____ (Only applicable for corporate donation)

Company Unique Entity No (UEN) (Only applicable for corporate donation)

Address _____ Postal Code _____

Tel Mobile Email _____

My Donation

For One-time Donations: (via cheque/ GIRO/ credit card)
 I would like to make a one-time donation of \$20 \$50 \$100 \$300 Other Amt \$ _____

For Monthly Donations: (via GIRO/ credit card)
 I would like to make a monthly donation of \$20 \$50 \$100 \$300 Other Amt \$ _____

ISCA Cares is a registered charity with IPC status. Donations to ISCA Cares are tax-deductible.

By Cheque

Bank _____ Cheque No. _____ (payable to ISCA Cares Limited) Amount: S\$ _____

Please indicate your name, NRIC and contact no. behind the cheque and mail to ISCA Cares (60 Cecil Street, ISCA House, Singapore 049709).

By Credit Card

Visa Master Amex

Card No. - - -

Expiry Date (Month) (Year)

Name as on Credit Card _____ Signature _____ Date _____

By GIRO

Name(s) as in Bank Record _____

Name of Bank _____

Branch _____

Bank Account No. _____

Date _____

Name of Billing Organisation: ISCA Cares Limited

- (a) I/We hereby instruct you to process the BO's instructions to debit my/our account.
- (b) 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.
- (c) 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 the BO.

Thumbprint(s)/Signature(s)⁺ As in bank record
 Please go to the branch with your identification for thumbprint.

For ISCA Cares's use only

Bank	Branch	ISCA Cares Account No.	ISCA Cares Donor Ref No.
7 1 7 1			

For Financial Institution's Completion

To: ISCA Cares - This application is hereby REJECTED (please tick) for the following reason(s):

() Signature/Thumbprint# differs from Financial Institution's records () Amendments not countersigned by customer
 () Signature/Thumbprint# incomplete/unclear () Wrong account number
 () Account operated by signature/thumbprint# () Others _____

Name of Approving Officer _____ Authorised Signature _____ Date _____

+ For thumbprint, please go to the branch with your identification.
 # Please delete where applicable
 * In accordance with the Charities Act (Chapter 37), individual and corporate donors have to include their NRIC or UEN number respectively for tax deduction.

I do not wish to receive marketing communication materials from ISCA Cares Limited in future.

By submitting this 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 and carrying out fundraising appeals and events.