



Your giving goes a long way in nurturing a life...

Full Name: _____

(as per NRIC/Passport)

Address: _____

NRIC/FIN No.: _____

Occupation: _____

Email: _____

Tel (H): _____ (HP): _____

For corporate donors, please retain your receipt for eventual submission to IRAS

I wish to donate anonymously.

I wish to support Care Community Services Society by making a:

- Monthly Contribution of: () Others \$ _____ () \$100 () \$50 () \$20 () \$10 () \$5
- One-Time Donation of: () Others \$ _____ () \$1000 () \$500 () \$100 () \$50

Payment Mode:

() Interbank GIRO (only for Monthly contribution)

(Please fill in Interbank GIRO form below)

() Cash / Cheque / Internet Banking

I agree that by filling up this form, CCSS can use my personal information for donation-related and communication purposes.

I understand that tax deduction benefit will be automatically included in my tax assessment if I have given my NRIC/FIN No., so paper receipt is not required.

Application Form for Interbank GIRO

Part 1: For APPLICANT'S COMPLETION

Date: _____

Name of billing organisation: CARE COMMUNITY SERVICES SOCIETY

To (Name of Bank): _____

Customer's Name: _____

Branch: _____

NRIC/FIN No.: _____

A) I/We hereby instruct you to process Care Community Services Society's instructions to debit my/our account.

B) You are entitled to reject Care Community Services Society'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 authorization will remain in force until terminated by your written notice sent to my/our address last know to you or upon receipt of my/our written revocation through Care Community Services Society.

My/Our Name(s) (as in bank account): _____

My/Our Contact (Tel/Fax) Number(s): _____

My/Our Bank Account Number: _____

My/Our Signature(s)/Thumbprint(s) (as in bank's record): _____

Part 2: For CARE COMMUNITY SERVICES SOCIETY'S COMPLETION

Bank	Branch	CCSS Account No.
7 3 7 5	3 2 0	9 2 0 3 4 9 8 6 0 4

CCSS Customer Reference No.

Bank	Branch	Account to be Debited (Donor's)

Part 3: For BANK'S COMPLETION

To: Care Community Services Society

() Signature/Thumbprint differs from bank's record

() Wrong account number

() Signature/Thumbprint incomplete/unclear

() Account operated by signature/thumbprint

() Amendments not countersigned by customer/CCSS

() Others: _____

Name of Approving Officer

Authorised Signature

Date