



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 donations of \$10 and above are eligible for 250% tax-deduction.
- 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. • I understand that all donations made are non-refundable.

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
- () Account operated by signature/thumbprint
- () Wrong account number
- () Amendments not countersigned by customer/CCSS
- () Signature/Thumbprint incomplete/unclear
- () Others: _____

Name of Approving Officer

Authorised Signature

Date