

YES! I want to make a difference! 是的! 我愿意改善他人的生活!

I wish to donate: 我想捐款:

\$5 \$10 \$50 \$100 \$1000 Other amount 其它款额 \$_____

Please accept my gift 请接受我的捐款

as monthly donations via Credit Card/GIRO* 通过信用卡/财路(GIRO)*每月捐款

For GIRO payment, please submit this form and the **Direct Debit Authorisation Form** below.

以财路支付, 请将这表格和以下的**直接过账授权表格**填妥然后邮寄给我们

as a one-time donation via Cash/Cheque/Credit Card* 通过现金/支票/信用卡*一次性捐款

*Please delete where applicable. *选择一项。

Cheque Number 支票号码 _____

(Please make cheque payable to TOUCH Community Services Limited)
(请将支票付予 TOUCH Community Services Limited)

Credit Card Number 信用卡号码 _____

Expiry Date 截止日期 _____

Signature 签名 _____

I would like to 我愿意...

be on your mailing list 将我个人资料列入触爱社会服务的邮寄名单内

Note: Donations to TOUCH Community Services Limited are eligible for a 250% tax deduction. Donors do not need to claim for tax deduction as the donation details will be given to IRAS automatically. Donors' particulars will not be acknowledged in any corporate collaterals or publications unless otherwise requested or stated. Thank you for your support.

附注: 给予触爱社会服务有限机构的捐款可获得250%的所得税扣除。我们将会向税务局呈报所有捐款资料, 所以您不需要将这捐款数额填写在报税表格上。捐献者的个人资料将不会在任何触爱出版的刊物出现, 除非事先议定。感谢您的支持。

Name (as per NRIC) (Dr/Mr/Mrs/Ms) / Company Name[†]
姓名(按身份证填写)(博士/先生/女士/小姐) / 公司名称[†]

NRIC/FIN/UEN (ROC or ROB No.)[†]

身份证/外籍身份证/机构识别号码(公司注册号码)[†]

Home Contact

住家电话

Office Contact 办公室号码

Handphone Contact[†] 手机号码[†]

Address[†] 地址[†]

Date of Birth 出生日期

Occupation 职业

Email Address 电邮

[†] Mandatory fields for auto inclusion for tax deduction[†] 必须填写此栏以便自动所得税扣除呈报

ROC Reg. No.: 200104673R Charities Reg. No.: 01555

DIRECT DEBIT AUTHORISATION FORM 直接过账授权表格

MY MONTHLY SUPPORT TO TOUCH COMMUNITY SERVICES LIMITED (TCSL) WILL BE:

我每月捐给触爱的金额是:

\$5 \$10 \$50 \$100 Other amount 其它金额 \$_____



3615 Jalan Bukit Merah
3rd Floor TOUCH Community Theatre
Singapore 159461
Tel: 6377 0122 Fax: 6377 0121
www.touch.org.sg

PART 1: FOR DIRECT DEBIT/GIRO PAYMENT (please write clearly in the spaces indicated with ✓) 第1部分: 直接过账/财路(GIRO)支付(请在标明✓的空位上填写清楚)

BANK ACCOUNT DETAILS 银行户头详情

Date 日期

Bank 银行

Branch 分行

My/Our Contact Numbers (Tel/Mobile/Fax) 我/我们的联络号码(电话/手机/传真)

- (a) I/We hereby authorise you to process TCSSL's instructions to debit my/our account. 我/我们谨此授权贵银行根据触爱的指示从我/我们的户头扣款。
- (b) You are entitled to reject TCSSL'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. 如果我/我们的户头存款不足, 贵银行有权拒绝触爱的扣款指示, 并向我/我们收取一笔行政费。即使扣款会导致该户头透支, 贵银行亦可自行批准有关扣款, 并按规定收取费用。
- (c) This authorisation will remain in force until terminated by your notice sent to my/our address last known to you or upon receipt of my/our written revocation through TCSSL. 此授权将保持有效, 直到贵银行按最后所知地址将终止授权的通知函寄给我/我们, 或直到贵银行通过触爱接获我/我们的书面撤消通知。

My/Our Name (As in NRIC) 我/我们的姓名(按身份证填写)

My/Our Account Number 我/我们的户头号码

TOUCH Community Services Limited (TCSSL)

Name of Billing Organisation 触爱社会服务有限公司

Donor Reference No. (For official use) 付账机构名称

My/Our Company Stamp, Signature(s)/Thumbprint(s)* 我/我们的公司盖章、签名/拇指印*
(As in Bank's records) *For thumbprint, please go to the branch with your identification.
(须与银行记录相同) *如使用拇指印, 请携带身份证件到银行分行办理相关手续。

PART 2: TO BE COMPLETED BY TOUCH COMMUNITY SERVICES LIMITED 第2部分: 供触爱社会服务有限公司填写

Bank 银行	Branch 分行	TCSSL's Bank A/C No. 触爱银行户头号码
7 3 3 9	5 2 4	0 8 0 2 9 8 - 0 0 1

Donor's Reference No. 捐款者编号

Bank 银行	Branch 分行	Account No. To Be Debited From 将扣款的户头

PART 3: TO BE COMPLETED BY APPROVING BANK 第3部分: 供核准银行填写

To: TOUCH Community Services Limited 致: 触爱社会服务有限公司

This Application is hereby REJECTED (please tick) for the following reason(s): 此申请已被拒绝(请勾选), 原因如下:

- Signature/Thumbprint* differs from Financial Institution's records 签名/拇指印*与金融机构的记录有差异
- Signature/Thumbprint* is incomplete/unclear* 签名/拇指印*不完整/不清楚*
- Account operated by signature/thumbprint* 户头的运作是基于签名/拇指印*

- Wrong account number 户头号码错误
- Amendments not countersigned by customer 修改未经客户副署
- Others; 其它: _____

*Please delete where applicable *请删除不适用者

Name of Approving Officer 核准职员姓名

Authorised Signature 授权签名

Date 日期

Please tear and insert this section into the self-addressed envelope. 请撕下此表格并放入回邮信封。