

Name (as in NRIC) **Dr / Mr / Mrs / Ms** (pls circle) \_\_\_\_\_

NRIC / FIN No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Handphone Contact \_\_\_\_\_ Occupation \_\_\_\_\_

Gender **M / F** (pls circle)

I'm interested to hear about:

Volunteer Opportunities

Parenting

Marriage

Caregiving / Eldercare

Youth

Note: Donations to TOUCH Community Services Limited are eligible for a 250% tax deduction for the year. To enjoy the tax deduction benefit, donors have to submit their donations to TOUCH by 31 December in order for it to be included in the tax assessment. A tax deductible receipt is automatically given for donations \$50 and above, and only upon request for donations below \$50. By filling out this donation form, it is deemed that you have consented TOUCH to use your personal information for donation-related and communication purposes.

Every donation is important to us but monthly giving is particularly valuable as it provides us with a stable source of income, enabling us to plan and serve more effectively. A regular gift is a flexible way of supporting **TOUCH Community Services Limited** and you can change the amount at any time.

### We would like to make a

**Monthly Contribution** of \$50 / \$100 / \$200 / \$500 (pls circle)

Others: \_\_\_\_\_ (pls state amount)

**One-time Contribution** of \$200 / \$500 / \$1,000 / \$2,000 (pls circle)

Others: \_\_\_\_\_ (pls state amount)

### Mode of payment

**Cheque** : Issuing Bank \_\_\_\_\_ Cheque No. \_\_\_\_\_

**Credit Card** : No. \_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Visa / Mastercard** (pls circle) Name of Bank \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Donation via Credit Card (including renewed card) will remain in force until TOUCH receives a written termination request.

**GIRO** : Name (in bank's record) \_\_\_\_\_

Name of Bank \_\_\_\_\_

Bank Account No. \_\_\_\_\_

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

(b) The Bank is 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. The Bank may also at its 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: (i) The Bank's written notice sent to my/our address last known to the Bank; (ii) Upon the Bank's receipt of my/our written revocation; or (iii) Upon the Bank's receipt of the notice of expiry from the BO.

\_\_\_\_\_  
Signature(s) / Thumbprint(s)  
(As per bank records)

\_\_\_\_\_  
Date

## To be completed by TOUCH Community Services Ltd

SWIFT BIC											TOUCH'S Account No.											
O	C	B	C	S	G	S	G	X	X	X	5	2	4	0	8	0	2	9	8	0	0	1

SWIFT BIC	Donor's Account No. To Be Debited

Donor Ref. No. \_\_\_\_\_

## For Financial Institution Completion

### To: BILLING ORGANISATION

This application is hereby REJECTED (pls tick) for the following reason(s):

Signature/Thumbprint# differs from Financial Institution Records

Wrong account number

Signature/Thumbprint# is incomplete/unclear

Amendments not countersigned by customer

Account operated by Signature/Thumbprint#

Others: \_\_\_\_\_

Name of Approving Officer \_\_\_\_\_ Authorised Signature \_\_\_\_\_ Date \_\_\_\_\_

\*For thumbprints, please go to the branch with your identification.

#Please delete where inapplicable.

UEN: 200104673R Charity Reg. No.: 01555