



DONATION FORM

Reference Number

All information is required unless otherwise stated. Please mail the completed form to **METHODIST WELFARE SERVICES** at **70 Barker Road, #05-01 Singapore 309936**.
* Please delete where applicable.

DONOR DETAILS

Your personal donation is eligible for 2.5 times tax deduction. Please provide your particulars, especially your NRIC/FIN No, for submission to the Inland Revenue Authority of Singapore for automatic tax deduction.

Title: ☐ Mr ☐ Mdm ☐ Ms ☐ Mrs ☐ Rev ☐ Dr ☐ ProfFull Name (as in NRIC/FIN): NRIC / FIN* No: Gender: ☐ Male ☐ FemaleDate of Birth: / / (DD/MM/YYYY) Donor ID: Contact No: (Home) (Office) (Mobile)Mailing Address: Postal Code: Email: Occupation: Company: Place of Worship (if any):

DONATION AMOUNT

Monthly Donation (SGD):

☐ \$15 ☐ \$30☐ \$50 ☐ \$100☐ Other amount: monthly

One-Time Donation (SGD):

☐ \$100 ☐ \$250☐ \$500 ☐ \$1,000☐ Other amount:

DONATION METHOD

IMPORTANT: Please do not mail cash.

☐ **CHEQUE** (Payable to: Methodist Welfare Services)Cheque No: Bank: ☐ **PAYNOW** (Please type in the UEN: S81SS0088HMWS)

Alternatively, you may scan the PayNow QR code provided using your mobile banking app. Please key "TGM" under the Reference. If you would like tax exemption, do include your NRIC and contact number under Reference as well. Do not mail back this form.

☐ **CREDIT CARD** (Minimum S\$10.00) **VISA / MASTERCARD ***Cardholder's Name (as in credit card):

Expiry Date (MM/YY)

 / Signature (as in credit card): ☐ **GIRO** (Please fill in form below)

For Donor's Completion

Full Name (as in bank account): NRIC / FIN* No: Contact No (Tel/Fax*): Bank Account No: To (Name of Bank): Bank Branch: Monthly Donation (payment limit): S\$ Name of Billing Organisation: *Methodist Welfare Services*

- I/We* hereby instruct you to process BO's instructions to debit my/our* account.
- 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.
- 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 Methodist Welfare Services.

Company Stamp / Signature(s) / Thumbprint(s)*
(as in bank's record)
For thumbprint verification, please visit your bank with your identification documents

Date:

For MWS' Completion

Bank	Branch	MWS Account No.
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Bank	Branch	Account No. To Be Debited
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

MWS Customer Reference No.

For Bank's Completion

To: **Methodist Welfare Services**

This application is hereby rejected for the following reason(s) (please indicate)

- ☐ Signature/Thumbprint* differs from the Bank's records
- ☐ Amendments not countersigned by Customer
- ☐ Account operated by signature/thumbprint*
- ☐ Signature/Thumbprint* incomplete/unclear*
- ☐ Wrong account number
- ☐ Others:

Name of Approving Officer:

Authorised Signature

Date

NOTE:

- Please be assured that your personal information will be kept strictly confidential except that Methodist Welfare Services ("MWS") may collect, use and disclose your personal data for the purposes of:
 - Administering your donations to MWS (including without limitation, disclosing to IRAS for tax deduction purpose);
 - Communications pertaining to your donations; and
 - Communicating and updating you on other charity initiatives or related activities including soliciting donations and volunteers for activities or programmes organised by MWS or other charitable organisations.
- By submitting this form, you hereby consent to MWS collecting, using and disclosing your personal data for the purposes set out above.