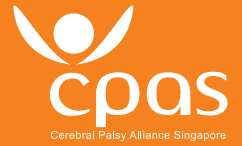


DONATION FORM

(Yes! I wish to support CPAS!)



Name (as per NRIC for individual donation) : _____
Organisation (for corporate donations only) : _____
NRIC (individual) or UEN (corporate) No.* : _____
Postal Address : _____

Contact Number(s) : (HP) _____ (O) _____
Email Address : _____

* Donations of SGD\$10.00 & above are eligible for tax exemption. This will be automatically processed by the Inland Revenue Authority of Singapore (IRAS) with your NRIC or UEN number.

Cash Donation

Here is my donation of:

S\$30 S\$50 S\$80 S\$150

S\$ _____

Monthly Donation One-Time Donation

*Please fill in below GIRO details for monthly donation.

Cheque Donation

I enclose my cheque made payable to "CPAS"

Cheque No. _____

of SGD\$ _____

Interbank GIRO (Direct Debit Authorisation)

Name of bank: _____

Branch: _____

Name(s) as in bank record: _____

Bank Account Number: _____

- I/We hereby instruct you to process the Cerebral Palsy Alliance Singapore's instructions to debit my / our account.
- You are entitled to reject the Cerebral Palsy Alliance Singapore debit instructions if my account does not have sufficient funds and charge me a fee for this.
- The authorisation will remain in force until it is terminated by your written notice sent to our address last known to you or upon receipt of my/our written revocation through the Cerebral Palsy Alliance Singapore.

**Signature(s)/
Thumbprint(s)
As in bank record**

Name of billing organisation:

Cerebral Palsy Alliance Singapore

Date (DD/MM/YY): _____

Let's Keep In Touch!

Yes! I'd like Cerebral Palsy Alliance Singapore to keep in touch with me via my email provided above.

Events & Updates CSR Volunteering

For Bank's Official Use Only

To: Cerebral Palsy Alliance Singapore

**This application is hereby APPROVED/ REJECTED*
for the following reason(s):**

- Signature / Thumbprint* differs from the bank's record
- Signature / Thumbprint* incomplete / unclear*
- Account operated by signature / thumbprint*
- Wrong account number
- Amendments not countersigned by applicant

Others: _____

*Please delete where applicable

**AUTHORISED
SIGNATURE**

Date (DD/MM/YY): _____

For Cerebral Palsy Alliance Singapore's Official Use Only

Bank	Branch	Cerebral Palsy Alliance Singapore's Account No.
9	4	9
6	0	0
1	0	1
0	1	0
2	0	8
2	9	8
7		

Billing Organisation / Customer Reference No.

Please mail completed form to: Cerebral Palsy Alliance Singapore, 65 Pasir Ris Drive 1, Singapore 519529