

DONOR'S PARTICULARS

(for the purpose of tax exemption and receipts)

Full Name (as per NRIC / Pass	port): (Dr/Mr/Mrs/Ms)
	:
Contact No.:	
Email:	
Date of Birth:	Gender: M / F
Company Name (For Cor	porate Donation):
	Designation:
Mailing Address:	

All donations would qualify for tax deduction and be automatically included in your tax assessment for amount above \$50, if you provide your NRIC / FIN / UEN.

1. I would like to dedicate my donation to:

- SMACF General Purpose Fund (By designating to this fund, you enable to Board to channel resources to other SMACF's works – default if left unselected
- SMA Medical Students' Assistance Fund (one of SMACF core programmes)

2. Please tick this box if you wish to keep your donation anonymous

I prefer to remain anonymous

3. We would like to keep in touch with you through updates on the work of the SMA Charity Fund, but if you prefer not to receive updates, please tick this box:

I prefer to be excluded from your mailing list.

GLUE ALL SIDES FIRMLY

PLEASE INDICATE THE AMOUNT & FREOUENCY:

Fo	For NEW Donor and/or ONE-TIME Donor:									
W	ould like to ma	ake a 🛛 🗸								
	ONE-TIME o	ontribution			MON	THL	Y contribution			
	S\$50	S\$100		S\$200		S\$500				
	others S\$ _	(please	e sta	te a	mount	:)				

For EXISTING MONTHLY Donor:

l w	ould like to ir	crea	ase my	GIFT	con	tribution.	My new	TOTA
mc	onthly contrib	utic	on is	\checkmark				
	S\$100		S\$20	0		S\$500		

others S\$ (please state amount)

Legacy Gift:

This gift is in memory / in honour of

By Cheque

Please issue your cheque payable to the "SMA Charity Fund". On the reverse side of the cheque, please include your full name, NRIC / FIN / UEN number and contact number. Please enclose the cheque in this self-addressed mailer

Issuing Bank

Cheque No

Note

1. By filling out this donation form, it is deemed that you have consented for SMA Charity Fund to use your personal information for donation-related and communication purposes. 2. Please allow 4-6 weeks for processina.

3. Donation via credit card (including renewed card) will remain in force until SMA Charity Fund receives your termination request.

By Credit Card (Visa / MasterCard) No.:		
Name of Bank		
Security Code	Exp Date	
(The 3 digits at the back of the credit card)		
Signature		Date

Pr CIPO	
By GIRO	
Name of Bank	
Name(s) as in Bank's Record	
Bank Account Number	
bunk Account Number	
Signature(s) / Thumbprint(s)*	Date
[According to Bank's specimen signature(s)]	Date
[According to Bank's specimen signature(s)] *For thumbprint, please go to the branch with	Date
[According to Bank's specimen signature(s)] *For thumbprint, please go to the branch with your identification.	
 [According to Bank's specimen signature(s)] *For thumbprint, please go to the branch with your identification. I/We hereby instruct you to process SMA Charity Fund's instruct or You are entitled to reject SMA Charity Fund's debit instruction 	ctions to debit my / our account. 15 if my / our account does not have
 [According to Bank's specimen signature(s)] *For thumbprint, please go to the branch with your identification. I/We hereby instruct you to process SMA Charity Fund's instruction sufficient funds and charge me/us a fee for this. You may also a 	ctions to debit my / our account. rs if my / our account does not have
 [According to Bank's specimen signature(s)] *For thumbprint, please go to the branch with your identification. 1/We hereby instruct you to process SMA Charity Fund's instructor sufficient funds and charge me/us a fee for this. You may also a if this results in an overdraft on the account and impose charge This authorisation will remain in force until: 	ctions to debit my /our account. 15 if my / our account does not have 11 your discretion allow the debit ever es accordingly.
 [According to Bank's specimen signature(s)] *For thumbprint, please go to the branch with your identification. I/We hereby instruct you to process SMA Charity Fund's instruct or are entitled to reject SMA Charity Fund's debit instruction sufficient funds and charge me/us a fee for this. You may also a ft this results in an overdraft on the account and impose charge 	ctions to debit my / our account. rs if my / our account does not hav rt your discretion allow the debit eve es accordingly.

FOR SMA CHARITY FUND'S USE ONLY

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SWIF	ГВІС		BILLING ORGANISATION'S ACCOUNT NO								
DBSS	SSGSG	i i	072-001519-3								
SWIF	WIFT BIC BILLING ORGANISATION'S ACCOUNT NO										
BILLING ORGANISATION'S CUSTOMER REF NO											
BILLI		SANIS	ATION	'S CUS	TOME		0				

FOR BANK'S OFFICIAL USE ONLY

To: SMA Charity Fund

by customer

APPROVED / REJECTED. [Please tick the following reason(s):] Signature / Thumbprint differs Wrong account number from Financial Institution's records Account operated by Signature / Thumbprint signature / thumbprint (*Please delete where applicable)

incomplete / unclear
Amendments not countersigned

Others:

Name of Appro	ving Officer	Authorised Signature	Date
	Thank you for	your kind contribution.	