



# 1000 ENTERPRISES FOR CHILDREN-IN-NEED MONTHLY DONATION FORM

## DONATION DETAILS 捐款资料

Yes, I would like to make a monthly donation towards the **1000 Enterprises for Children-in-Need** programme.

- Please debit my bank account every month; I have completed the Giro Application form below.
- Please debit my Credit Card every month.

### Donation Amount

- \$1,000 per month     \$500 per month  
 \$250 per month     Other amount: \_\_\_\_\_

## CORPORATE DETAILS 企业资料

\*Compulsory field (必须填写项目)

\*Company Name 公司名称:

\*ROB/ROC No. 注册号码:

Address 地址:

Postal Code 邮区:

\*Authorised Person 委托人: (Mr/Mdm/Mrs/Miss/Ms./Dr)

Designation 职位:

Tel No. 电话:

HP No. 手机:

Email 电邮:

## CREDIT CARD DEDUCTION

Card Type: VISA/ MasterCard/ American Express/ Diners

Card Number:

Card Expiry Date: (mm/yy)

Card Holder Name:

## INTERBANK GIRO APPLICATION

### Part One (For Donor Completion)

Date:

To:

(Name of Financial Institution)

Branch:

Name of Billing Organisation ("BO"):

**SINGAPORE CHILDREN'S SOCIETY**

Billing Organisation Customer's Name:

Billing Organisation Customer's Reference Number:

- (a) We hereby instruct you to process the BO's instructions to debit my/our account.
- (b) 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.
- (c) This authorization 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 the BO.
- (d) It is the BO's responsibility to inform banks upon the expiry of this authorization and to ensure that no deductions are made thereafter.
- (e) I/We hereby agree for Singapore Children's Society to use my/our personal information for the purpose related to Fund Raising, Donor Relationship Management, Marcom & Communication, Public Relations

& Publicity and Volunteer Management. If you do not wish to receive information, please email us at [fra.corporate@childrensociety.org.sg](mailto:fra.corporate@childrensociety.org.sg)

Organisation Name:

Account Number:

Amount of Monthly Donation (Payment Limit):

Contact Person: (Mr/Mdm/Mrs/Miss/Ms./Dr)

Tel No:

Email:

\*Company Stamp/ Signature(s)/ Thumbprint(s)

### Part 2 (For Singapore Children's Society's Official)

Bank	Branch	Billing Organisation's Account No.
7	3	3
9	5	2
4	0	4
6	6	6
7	9	0
0	0	1

Bank	Branch	Account No. to be debited

Billing Organisation's Customer Ref. No.

### Part 3: For Financial Institution's Completion

To: Billing Organisation

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

- Signature/ Thumbprint# differs from Financial Institution's records
- Signature/ Thumbprint# incomplete/unclear
- Account Operated by Signature/ Thumbprint#
- Wrong Account Number
- Amendments not countersigned by customer
- Others: \_\_\_\_\_

Name of Approving Officer

Signature/ Date