

* 请删除不适用者 • Please delete the unsuitability

捐款表格 Donation form

捐款者 法师/居士/先生/夫人/女士/小姐/公司 DONOR Ven./Mr./Mrs./Mdm./Ms./Co.*

NRIC _____
 UEN _____

联络电话 Contact No

请填写身份证号码或公司注册号码, 方便自动扣除所得税
Please fill in your NRIC or UEN for automatic
tax-exemption in your Income Tax Assessment

电邮 Email Address

地址 Address

邮区 Postal Code

捐献银额 Donation Amount \$ _____

付款方式 Payment mode: (请勿邮寄现金Cash do not send by post)

支票 Cheque No: _____ Bank: _____
Payable to "SINGAPORE BUDDHIST FREE CLINIC"

信用卡持有人姓名 (如与捐款人不同)
Card Holder's Name: (if difference from donor)

信用卡号码 Credit Card No: * Only VISA/MASTERCARD:

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CVC No: □□□ 有效日期 Expiry Date: □□□□

一次性捐献 One time donation

每月扣除 Monthly donation
(授权每月扣除 Authorized monthly deduction)

我希望通过财路每月捐款, 请将DDA表格寄至上址。
I wish donation via GIRO, please send a DDA Form to the above address
(至少 at least \$10)

我同意SBFC将我的个人资料披露于符合SBFC个人资料保护政策中所列举的目的或用途。
如: 呈报税务局作扣税之用。
By providing my personal information above, I agree SBFC may use it for the purpose as stated
in their PDPA policy. E.g. submission to IRAS for Tax deduction purpose.

日期 Date

签名 Signature

由本所填写 For official use

收据号码

收到日期

备注 Remarks