

\* 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.\*

身份号码 NRIC/FIN/CO REG NO

联络电话 Contact No

请填上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 Co Reg number for automatic  
tax-exemption in your Income Tax Assessment

地址 Address

邮区 Postal Code

医药基金 Donation for Medical Fund

\$ \_\_\_\_\_

付款方式 Payment by:

支票/汇票号码  
Cheque/ Money Order No: \_\_\_\_\_

支票请划双线付“新加坡佛教施诊所”  
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: \_\_\_\_\_

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

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CVC No:

□□□ \*VISA/MASTERCARD

有效日期 Expiry Date: \_\_\_\_\_

有意申请“财路”捐款者，请在方格里打“✓”  
If you wish to donate by GIRO, please tick “✓”

日期 Date

签名 Signature

感谢您热心的支持  
Your generosity is greatly appreciated

由本所填写 For official use

收据号码 Receipt No

备注 Remarks

收到日期 Date Received