

捐款表格 Donation Form

捐款者: 先生/夫人/女士/小姐* Donor: Mr/Mrs/Mdm/Ms/Co*

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.

NRIC
for Individual

联络电话 Contact No

UEN
for Company

电邮 Email

地址 Address

邮区 Postal Code

捐献银额 Donation Amount S\$

捐款方式 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"

信用卡付款 Pay by Credit Card
信用卡持有人姓名 (必填) Card Holder's Name (Must fill in) _____
信用卡号码 Credit Card No: (Only VISA / MASTERCARD)
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有效期至 Expiry Date □□□□

一次性捐献 One time donation
 我授权每月从信用卡扣除 (至少 at least \$10)
I authorized monthly deduction from the above Credit Card

正式收据请邮寄或电邮至上址 Official Receipt send or email to the address above. 不需邮寄收据 Receipt not needed

我同意 SBFC 按照个人资料保护法令 2012 和 SBFC 资料保护政策 (可在 SBFC 网页 <https://www.safc.org.sg/protection-policy> 查询) 收集、使用及披露此捐款表格中提供的个人资料用于以下目的。(a) 处理和管理所收的捐款; 以及(b) 向 IRAS 呈报个人资料作税务减免。

I agree that SBFC may collect, use and disclose my personal data as provided in this donation form for the following purposes in accordance with the Personal Data Protection Act 2012 and SBFC's data protection policy (available on the SBFC website at <https://www.safc.org.sg/protection-policy>): (a) Processing and administering of donation received; and (b) Submission to IRAS for tax deduction.

捐款者签名
Donor Signature

日期
Date

本所填写 For Official use

收据号码 Receipt No

备注 Remarks

收到日期 Received Date