| 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。<br>Please fill in your NRIC or UEN for automatic Tax-exemption in your Income Tax Assessment.  |
| NRIC    For Individual   Fixed State   Fixe |
| UEN   |
| for Compony   |
| 电邮 Email  |
| 地址 Address  |
| 郎区 Postal Code  |
| 捐献银额 Donation Amount S\$  |
| 捐款方式 Payment mode (请勿邮寄现金 Please do not send Cash by post)  |
| 文票 Cheque No Bank   |
| Payable to "SINGAPORE BUDDHIST FREE CLINIC"   |
| 信用卡 Credit Card(至少 at least \$10)<br>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)  |
|   |
| 有效期至 Expiry Date  |
| ○ 一次性捐献 One time donation   |
| O 我授权每月从信用卡扣除 I authorized monthly deduction from the above Credit Card   |
| r addictized including deduction from the above credit card   |
| C 正式收据请邮寄或电邮至上址 C 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.sbfc.org.sg/protection-notice 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.sbfc.org.sg/protection-notice): (a) Processing and administering of donation received; and (b) Submission to IRAS for tax deduction.   |
| <br>  捐款者签名 日期  |
| Donor Signature Date  |
| 本所填写 For Official use   |
| 收据号码 Receipt No   |
| 收到日期 Received Date  |