

捐助新加坡佛教施诊所虚拟售旗日 Donation for SBFC E-Flag day

(此表格仅适用于 This form only use on 01/06/2023 - 31/08/2023)

需要获得免税捐款者，请注明身份证号码与真实姓名，或公司名称与UEN 号码。

Donor who wish to make a Tax-deductible Donation is required to provide name as NRIC and NRIC no., or name of Corporation and UEN _____.

捐款人名 Donor's Name

Corporate UEN

Individual NRIC

联络电话 Contact No

电邮 Email

地址 Address

邮区 Postal Code

捐献银额 Donation Amount S\$

现金 Cash

请交付柜台勿邮寄 Please hand to counter do not post

支票 Cheque No _____ 银行 Bank _____
Payable to "SINGAPORE BUDDHIST FREE CLINIC"
(请在支票背面注明“售旗日” please indicate "eFlagDay" at the back)

收据请寄或电邮至上
Please send or email
receipt to the above
address

信用卡 Credit Card (至少at least \$10)
持卡人姓名 Card Holder's name _____
信用卡号码 Credit Card No (Only VISA /Mastercard)
□□□□ - □□□□ - □□□□ - □□□□
有效日期 Expiry Date □□□□

不需要收据
No receipt required

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-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 use, collect 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-notice>): (a) Processing and administering of donation received; and (b) Submission to IRAS for tax deduction.

捐款人签名
Donor Signature

日期
Date

本所填写 For Official use

收到日期 Received Date

收据号码 Receipt No

备注 Remarks