

DONATION FORM

Samaritans of Singapore (SOS) is grateful for your kind donation in support of our services.



*Please send the completed form to:
**Finance and Admin Department
Samaritans of Singapore (SOS)
10 Cantonment Close, #01-01
Singapore 080010**

PERSONAL PARTICULARS		
Name (Dr / Mr / Ms / Mrs / Mdm / Company*) (As per NRIC for individual donor / Organisation Name)		
NRIC No / FIN No / UEN*		
Address		
Contact No: (Mobile)	(Home)	(Office)
Email Address		

DONATION BY CHEQUE		
Bank Name	Cheque No	Amount

Kindly make cheque payable to : **Samaritans of Singapore**

DONATION BY TELEGRAPHIC TRANSFER / IBANKING	
Bank & Branch: DBS, RAFFLES PLACE	Bank No: 7171
Account No: 048-014324-5	Branch No: 048

***I/We would like to make the donation to support:**

- | | |
|---------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> World Suicide Prevention Day |
| <input type="checkbox"/> Local Outreach to Suicide Survivors (LOSS) | <input type="checkbox"/> General Donation |

Signature/Company Stamp

Date

*Minimum donation of S\$10 is eligible for 2.5 times tax deduction.

*Tax deductions for the donation will be automatically processed by the Inland Revenue Authority of Singapore (IRAS) based on the NRIC No/UEN provided. As such, SOS will not issue a separate receipt for your donation; unless upon request.



DONATION BY INTERBANK GIRO

Name of Bank	Branch
Name of Account Holder (as in bank record)	Bank Account Number
Donation Amount <input type="checkbox"/> \$30 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Others _____	

- a) I/We hereby instruct the Bank to process the BO's instructions to debit my/our account.
- b) The Bank is entitled to reject the BO's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. The Bank may also at its discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- c) This authorisation will remain in force until terminated by your notice sent to me/our address last known to you or upon receipt of my/our written revocation through Samaritans of Singapore.

DONATION BY INTERBANK GIRO

Bank		Branch			Samaritans of Singapore – A/C No.											
7	1	7	1	0	4	8	0	4	8	0	1	4	3	2	4	5

Bank				Branch			Account Number to be Debited									

Thumbprint(s) / Signature(s) as in bank record

Date

* For thumbprint(s), please go to the branch with your identification document.

For Financial Institution's Completion

To Samaritans of Singapore (SOS)

This application is hereby APPROVED / REJECTED*. Please tick the following reason(s):

- Signature / thumbprint* differs from financial institution's records
- Signature / thumbprint* incomplete / unclear*
- Account operated by signature / thumbprint*
- Amendments not countersigned by customer
- Wrong account number
- Others: _____

**Please delete where applicable*

Name of Approving Officer

Authorised Signature

Date