



DONATION FORM (GIRO)

I / We wish to support your work and make a donation to:

Singapore Anglican Community Services: St. Andrew's Nursing Home (Taman Jurong)

To (Name of Bank): _____ Branch: _____

Name of Account Holder: _____ Bank Account Number: _____

Donation Amount: _____ Monthly deduction from _____ (mth/yr) to _____ (mth/yr)

Name of Billing Organisation: **Singapore Anglican Community Services**

- I/We hereby instruct you to process Singapore Anglican Community Services instructions to debit my/our account.
- You are entitled to reject Singapore Anglican Community Services debit instructions if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- This authorisation will remain in force per the duration period indicated above, or until it is terminated by your written notice sent to my/our address last known to you, or upon receipt of my/our written revocation through Singapore Anglican Community Services.

Thumb print(s) / Signature(s) as in bank record
(Please go to the branch with your identification for thumbprint)

Date

For Singapore Anglican Community Services Use Only:

Bank	Branch	Singapore Anglican Community Services A/C No.
7 3 7 5	4 5 1	4 5 1 3 1 0 4 4 2 6

Singapore Anglican Community Services Donor Ref. No.

For Bank's Official Use Only:

To: **Singapore Anglican Community Services**

This application is hereby APPROVED / REJECTED*. [Please tick the following reason(s):] * Delete where applicable

- | | |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Signature / thumbprint* differs from financial institution's records | <input type="checkbox"/> Amendments not countersigned by customer |
| <input type="checkbox"/> Signature / thumbprint* incomplete / unclear* | <input type="checkbox"/> Wrong account number |
| <input type="checkbox"/> Account operated by signature / thumbprint* | <input type="checkbox"/> Others: |

Name of approving officer

Signature

Date

Please post this form to Singapore Anglican Community Services, Fund Raising Department, 10 Simei Street 3, S 529897.

Thank you for your donation and support!