

## **DONATION FORM**

All information is required unless otherwise stated. Please mail the completed form to Child at Street 11 Ltd Blk 102 Ang Mo Kio Ave 3 #01-1429 Singapore 560102. \* Please delete where applicable.

| DONOR DETAILS                                                                                                                                                                                                                                                  |                                                                                           | DONATION AMOUNT                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Your donations are entitled to 250% tax deduction. Please provide your particulars, especially your NRIC/FIN No, for submission to the Inland Revenue Authority of Singapore for automatic tax deduction.  Title:   Mr Mdm Ms Mrs  Full Name (as in NRIC/FIN): |                                                                                           |                                                                                    |
|                                                                                                                                                                                                                                                                |                                                                                           | \$80   \$100                                                                       |
|                                                                                                                                                                                                                                                                |                                                                                           | Other amount:                                                                      |
| NRIC / FIN* No:                                                                                                                                                                                                                                                |                                                                                           | monthly                                                                            |
| Date of Birth:/(D                                                                                                                                                                                                                                              |                                                                                           | One-Time Donation (SGD):                                                           |
|                                                                                                                                                                                                                                                                | ne)(Office)                                                                               | (Mobile)                                                                           |
|                                                                                                                                                                                                                                                                | (55)                                                                                      |                                                                                    |
|                                                                                                                                                                                                                                                                | Postal Code:                                                                              |                                                                                    |
| Email:                                                                                                                                                                                                                                                         |                                                                                           | Other amount:                                                                      |
|                                                                                                                                                                                                                                                                | Company:                                                                                  |                                                                                    |
|                                                                                                                                                                                                                                                                |                                                                                           |                                                                                    |
| DONATION METHOD                                                                                                                                                                                                                                                |                                                                                           |                                                                                    |
| ☐ CHEQUE (Payable to: Child a                                                                                                                                                                                                                                  | t Street 11 Ltd)                                                                          |                                                                                    |
|                                                                                                                                                                                                                                                                |                                                                                           |                                                                                    |
|                                                                                                                                                                                                                                                                |                                                                                           |                                                                                    |
|                                                                                                                                                                                                                                                                | C) Key in your full Name/_NRIC_/Contact No. in the r<br>.giving.sg/child-at-street-11-ltd | eference field                                                                     |
| CREDIT CARD (Minimum S\$                                                                                                                                                                                                                                       | 10.00) VISA / MASTERCARD * Expiry                                                         | Date (MM/YY)                                                                       |
|                                                                                                                                                                                                                                                                |                                                                                           | /                                                                                  |
| Cardholder's Name (as in credit                                                                                                                                                                                                                                | card): Signatu                                                                            | ure (as in credit card):                                                           |
| ·                                                                                                                                                                                                                                                              |                                                                                           | (                                                                                  |
|                                                                                                                                                                                                                                                                |                                                                                           |                                                                                    |
| ☐ GIRO (Please fill in form below)                                                                                                                                                                                                                             |                                                                                           | For CAS' Completion                                                                |
| For Donor's Completion                                                                                                                                                                                                                                         |                                                                                           | Bank Branch CAS Account No.                                                        |
|                                                                                                                                                                                                                                                                |                                                                                           | 7 3 7 5   0 2 8   3 4 9 3 0 1 3 1 4 7                                              |
| Full Name (as in bank account):                                                                                                                                                                                                                                |                                                                                           | Bank Branch Account No. To Be Debited                                              |
| NRIC / FIN* No:Contact No (Tel/HP*):                                                                                                                                                                                                                           |                                                                                           |                                                                                    |
|                                                                                                                                                                                                                                                                |                                                                                           | CAS Customer Reference No.                                                         |
| To (Name of Bank):                                                                                                                                                                                                                                             |                                                                                           |                                                                                    |
| Bank Branch:                                                                                                                                                                                                                                                   |                                                                                           | For Bank's Completion                                                              |
| Monthly Donation: S\$                                                                                                                                                                                                                                          |                                                                                           | To: Child at Street 11 Ltd                                                         |
| Name of Billing Organisation: Child at Street 11 Ltd                                                                                                                                                                                                           |                                                                                           | This application is hereby rejected for the following reason(s) (please indicate): |
| 1. I/We* hereby instruct you to process BO's instructions to debit my/our* account.                                                                                                                                                                            |                                                                                           | ☐ Signature/Thumbprint* differs from                                               |
| <ol><li>You are entitled to reject the BO's debit instruction if my/our* account does not have<br/>sufficient funds and charge me/us* a fee for this. You may also at your discretion allow the</li></ol>                                                      |                                                                                           | the Bank's records  Amendments not countersigned by Customer                       |
| debit even if this results in an overdraft on the account and impose charges accordingly.                                                                                                                                                                      |                                                                                           | ☐ Account operated by signature/thumbprint*                                        |
| 3. This authorisation will remain in force until terminated by your written notice sentto my/our* address last known to you or upon receipt of my/our* written revocation                                                                                      |                                                                                           | ☐ Signature/Thumbprint* incomplete/unclear*                                        |
| through Child at Street 11 Ltd.                                                                                                                                                                                                                                |                                                                                           | ☐ Wrong account number                                                             |
|                                                                                                                                                                                                                                                                | Company Stamp / Signature(s) / Thumbprint(s)*                                             | Others:                                                                            |
|                                                                                                                                                                                                                                                                | (as in bank's record)  For thumbprint verification, please visit your bank                | Name of Approving Officer:                                                         |
|                                                                                                                                                                                                                                                                | with your identification documents.                                                       |                                                                                    |
|                                                                                                                                                                                                                                                                | Date:                                                                                     | Authorised Signature Date                                                          |
|                                                                                                                                                                                                                                                                |                                                                                           |                                                                                    |

## Note:

- · Please be assured that your personal information will be kept strictly confidential except that Child at Street 11 Ltd ("CAS") may collect, use and disclose your personal data for the purposes of:
- a. Administering your donations to CAS (including without limitation, disclosing to IRAS for tax deduction purpose);
- b. Communications pertaining to your donations; and c. Communicating and updating you on other charity initiatives or related activities including soliciting donations and volunteers for activities or programmes organised by CAS or other charitable
- · By submitting this form, you hereby consent to CAS collecting, using and disclosing your personal data for the purposes set out above.