

Please complete the donation form and mail the original hardcopy to **Dementia Singapore Ltd - 20 Bendemeer Road #01-02 BS Bendemeer Centre Singapore 339914. Attention: Fundraising Department. T: 6377 0700**

Donor's Particulars *Outright donations to Dementia Singapore are eligible for 2.5 times tax deduction. Please provide a valid and accurate NRIC/FIN or UEN for auto-inclusion in your tax assessment. No hardcopy receipt will be issued. Please provide your email to receive a e-receipt for your record.			
<input type="checkbox"/> Personal Donation		<input type="checkbox"/> Corporate Donation	
Salutation	Mr / Miss / Ms / Mrs / Mdm / Dr (please circle)	NRIC/FIN/UEN	
Full Name		Corporate Name	
Address			
Address			
Contact No.		Email	
Donation			
<input type="checkbox"/> One-Time		<input type="checkbox"/> Monthly	
		<input type="checkbox"/> Yearly	
<input type="checkbox"/> \$500	<input type="checkbox"/> \$300	<input type="checkbox"/> \$200	<input type="checkbox"/> \$100
		<input type="checkbox"/> Other Amount ()	
By filling out this donation form, it is deemed that you have consented Dementia Singapore Ltd to use your personal information for donation-related and communication purposes.			
<input type="checkbox"/> I do not wish to receive any information about Dementia Singapore Ltd's activities and programmes.			
Payment Mode			
<input type="checkbox"/> By Cheque (Cross cheque and made payable to 'Dementia Singapore Ltd.')		Bank & Cheque No.	
<input type="checkbox"/> By Credit Card		Card No. (Visa/Mastercard only)	
		Expiry Date	
Name on Card		Signature as on card	
By Giro Donation - For Donor's Completion			
Name of Billing Organisation		Dementia Singapore Ltd	
Bank Name		Branch	
Bank Account No.		Name as in bank account	
Signature		Date	
I, hereby instruct you to proceed with Dementia Singapore Ltd's instruction to debit my account.			
a) You are entitled to reject Dementia Singapore Ltd's debit instructions if my account does not have sufficient funds and charge me a fee for this. You may also at your own discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.			
b) This authorisation will remain in force until terminated by your written notice sent to my address last known to you or upon receipt of my written revocation through Dementia Singapore Ltd.			
For Dementia Singapore Ltd's Completion			For Bank's Completion
Bank	Branch	Billing organisation's account no.	To: Dementia Singapore Ltd
7375	001	451-312-914-3	Name of approving officer
Billing organisation's customer ref no.			Authorised Signature
DSG			Date
Bank	Branch	Account no. to be debited	This application is hereby REJECTED for the following reason (s) (please tick):
Dementia Singapore Ltd 20 Bendemeer Road #01-02 BS Bendemeer Centre Singapore 339914			() Signature/Thumbprint* differs from bank's record
			() Signature/Thumbprint* incomplete/unclear
			() Account operated by signature/thumbprint*
			() Wrong account no.
			() Amendments not countersigned by donor
			() Others