



# DONATION FORM

All information is required unless otherwise stated. Please mail completed form to: **LAKESIDE FAMILY SERVICES** at 21 Yung Ho Road, The Agape #03-01, Singapore 618593.

\* Please delete where applicable.

## DONOR DETAILS

Your personal donation is eligible for 2.5 times tax deduction. Please provide your particulars, especially NRIC/FIN, for submission to IRAS for automatic tax deduction.

Title:  Mr  Mdm  Ms  Mrs

Full Name (as in NRIC/FIN): \_\_\_\_\_

NRIC / FIN\* No: \_\_\_\_\_ Gender:  Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY)

Contact No: \_\_\_\_\_ (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ (Mobile)

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company: \_\_\_\_\_

## DONATION AMOUNT

Monthly Donation (SGD):

\$30  \$50

\$80  \$100

Other amount: \_\_\_\_\_ monthly

One-Time Donation (SGD):

\$100  \$300

\$500  \$1,000

Other amount: \_\_\_\_\_ monthly

## DONATION METHOD

**CHEQUE** (Payable to: Lakeside Family Services)

Cheque No: \_\_\_\_\_ Bank: \_\_\_\_\_

**CREDIT CARD** (Minimum \$10.00) **VISA / MASTERCARD\***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cardholder's Name (as in credit card): \_\_\_\_\_

Expiry Date (MM/YY)

\_\_\_\_/\_\_\_\_

Signature (as in credit card): \_\_\_\_\_

**GIRO** (Please fill in form below)

### For Donor's Completion

Full Name (as in bank account): \_\_\_\_\_

NRIC / FIN\* No: \_\_\_\_\_ Contact No (Tel/HP): \_\_\_\_\_

Bank Account No: \_\_\_\_\_

To (Name of Bank): \_\_\_\_\_

Bank Branch: \_\_\_\_\_

Monthly Donation (payment limit): S\$ \_\_\_\_\_

Name of Billing Organisation: Lakeside Family Services (LFS)

- I/We\* hereby instruct you to process LFS' instructions to debit my/our\* account.
- You are entitled to reject the LFS' debit instruction 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 until terminated by your written notice sent to my/our\* address last known to you or upon receipt of my/our\* written revocation through Lakeside Family Services.

Company Stamp / Signature(s) \*  
(as in bank's record)

Date: \_\_\_\_\_

### For LFS' Completion

Bank Branch

7 3 7 5      0 3 5

LFS Account No.

9 9 5 3 4 0 5 8 7 0

Bank Branch

\_\_\_\_      \_\_\_\_

Account No. To Be Debited

\_\_\_\_

LFS Donor Reference No.

\_\_\_\_

### For Bank's Completion

To: Lakeside Family Services

This application is hereby rejected for the following reason(s) (please indicate):

- Signature differs from the Bank's records
- Wrong account number
- Signature incomplete/unclear\*
- Amendments not countersigned by Donor
- Others: \_\_\_\_\_

Name of Approving Officer: \_\_\_\_\_

\_\_\_\_\_  
Authorised Signature Date

### Note:

- Please be assured that your personal information will be kept strictly confidential except that Lakeside Family Services ("LFS") may collect, use and disclose your personal data for the purposes of:
  - Administering your donations to LFS (including without limitation, disclosing to IRAS for tax deduction purpose);
  - Communications pertaining to your donations; and
  - Communicating and updating you on other charity initiatives or related activities including appeals for donations and volunteers for events and programmes by LFS.
- By submitting this form, you hereby consent to LFS collecting, using and disclosing your personal data for the purposes set out above.