



YES! I want to SHARE today!

I would like to make a monthly contribution of: **or** I would like to increase my monthly donation to:
 \$15 \$20 \$50 \$80 \$100 others \$
(please state amount)

You can contribute through GIRO.

To be mailed back to Community Chest.

*Full Name(s) as in Bank's Record: <i>Dr/Mr/Mrs/Ms/Mdm</i>	
Home Address:	Postal Code:
*Mobile:	*NRIC/FIN No.:
Date of Birth (DDMMYYYY):	Sex: M/F
*Email:	

All donations would qualify for 2.5 times tax deduction and be automatically included in your tax assessment, if you provide your NRIC/FIN.

Notes: In support of green efforts to save the environment, Community Chest will not be issuing any receipts for donation amounts below \$100, unless upon request. Regardless of your donation amount, Community Chest will help to submit your tax deduction to IRAS as long as you provide your NRIC/FIN no when making a donation to Community Chest. By filling this donation form, it is deemed that you have consented for Community Chest to use your personal information for donation-related and communication purpose.

I do not want my personal information to be used for fundraising and communication purposes.

*Compulsory Field

Name of Bank:	
Branch:	Bank Acc. No.:
Name of Billing Organisation: Community Chest	
a) I/We hereby instruct you to process Community Chest's instructions to debit my/our account. b) You are entitled to reject Community Chest's 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. c) This authorisation will remain in force until it is terminated by my/our written notice sent to Community Chest.	
Signature(s)/*Thumbprint as in Bank's records:	Date:
*According to Bank's specimen signature(s) *For thumbprint, please go to the branch with your identification.	

Note: Please allow 4 to 6 weeks for processing.

For Community Chest's Usage Only													For Bank's Usage Only					
Bank	Branch	Community Chest's A/C No.											To: Community Chest. This application is hereby REJECTED (please tick ✓) for the following reasons(s):					
7	3	7	5	3	4	3	9	3	4	3	4	0	6	6	6	1	<input type="checkbox"/> Signature / Thumbprint differs from Financial Institution's records <input type="checkbox"/> Signature / Thumbprint incomplete / unclear <input type="checkbox"/> Account operated by signature / thumbprint <input type="checkbox"/> Amendments not countersigned by customer <input type="checkbox"/> Wrong account number <input type="checkbox"/> Others: _____	
Community Chest's Customer Reference No.													Name of Approving Officer:					
													Authorised Signature:					
Bank			Branch			Account No. to be Debited												

Glue and seal along this dotted line.

Glue and seal along this dotted line.

BUSINESS REPLY SERVICE
PERMIT NO. 04054



Community Chest
National Council of Social Service
170 Ghim Moh Road
#01-02
Singapore 279621

Postage will be
paid by addressee.
For posting
in Singapore only.



Thank you for being a part of SHARE.



comchest.gov.sg