

Glue and seal along this dotted line

Credit Card

(Visa / MasterCard / American Express / Diner's Club) No.:

Name of Bank: _____ Expiry Date:
Mth Yr

For Official Use:

Note: Please allow 4-6 weeks for processing.

Donations via credit cards (including renewal cards) will remain in force until Community Chest receives your written notice of termination.

Signature Date

For Community Chest's Official Use Only

Bank	Branch	Community Chest's A/C No.
7 3 7 5 3 4 3 9 3 4 3 4 0 6 6 6 1		

Community Chest's Customer Ref No.
<input type="text"/>

Bank	Account No. to be Debited
<input type="text"/>	<input type="text"/>

For Bank's Official Use Only

To: Community Chest. This application is hereby REJECTED (please tick ✓) for the following reason(s):

- Signature / Thumbprint differs from Financial Institution's records
- Signature / Thumbprint incomplete / unclear
- Account operated by signature / thumbprint
- Amendments not countersigned by customer
- Wrong account number
- Others: _____

Name of Approving Officer Authorised Signature

Thank you for being a part of SHARE.

GIVE HOPE. SHARE JOY.

SHAREasOne.sg

100% of your donation goes towards helping those in need as our fund-raising and operating costs are covered mainly by Tote Board and Singapore Pools.

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

BUSINESS REPLY SERVICE PERMIT NO. 04054



Community Chest

National Council of Social Service

170 Ghim Moh Road

#01-02

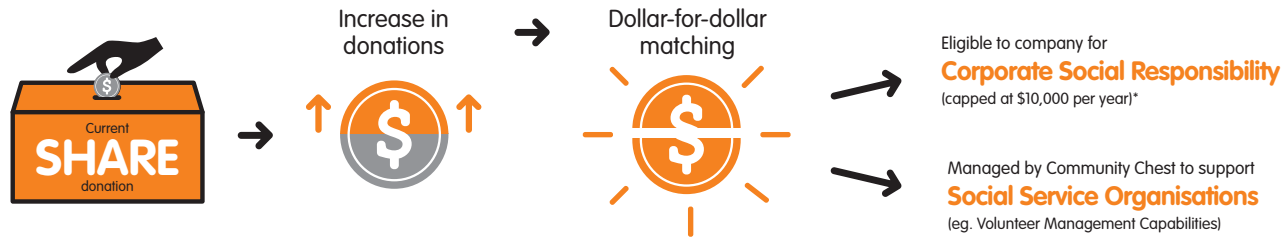
Singapore 279621

GIVE HOPE SHARE JOY

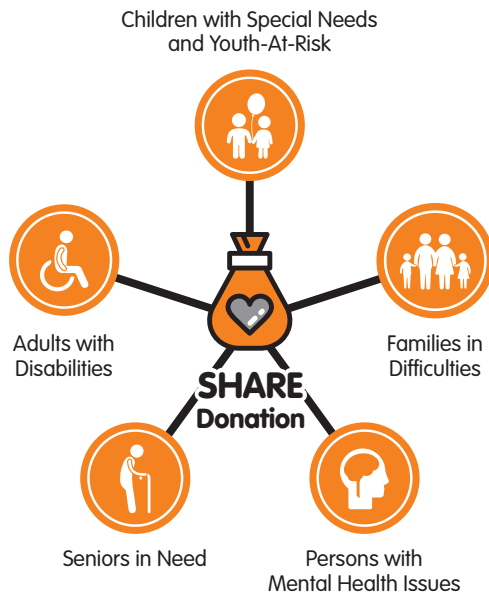


What is SHARE as One?

Under the **SHARE as One programme**, the Government will provide dollar-for-dollar matching for any increase in donations through SHARE, a monthly giving programme under Community Chest, for three years from FY16 - FY18.



Your donation helps



Over **200** critical services offered by about **80** social service organisations for these groups in need are supported through Community Chest.

Be the next one to give

HOPE

*The matched amount from public agencies and individuals will go to a fund managed by Community Chest to benefit the social service sector.

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:

\$10 \$15 \$20 \$25 others \$ _____
(please state amount)

You can contribute through

GIRO OR **Credit Card**

To be mailed back to Community Chest

*Full Name(s) as in Bank's Record: Dr / Mr / Mrs / Ms / Mdm

Home Address: _____

Postal Code: _____

*Mobile: _____ *NRIC/FIN No.: _____

Date of Birth (DDMMYYYY): _____ Gender: M / F

*Name of Organisation: _____

*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.

I do not want my personal information to be used for fund-raising and communication purposes.

*Compulsory fields

GIRO

Name of Bank: _____

Branch: _____ Bank Acc. No.: _____

Name of Billing Organisation: Community Chest

- I hereby instruct you to process Community Chest's instructions to debit my account.
- You are entitled to reject Community Chest's debit instructions if my account does not have sufficient funds and charge me 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 it is terminated by my written notice sent to Community Chest.

Signature / Thumbprint

Date

According to Bank's specimen signature
For thumbprint, please go to the branch with your identification.

Please turn over to complete the form.