

## DIRECT DEBIT DONOR PROGRAMME Change Request Form

To make changes to your recurring card donations, please complete the form below, and email to [fund\\_raising@singaporecancersociety.org.sg](mailto:fund_raising@singaporecancersociety.org.sg), fax or post it to us.

Thank you very much for your continued support!

### Individual Donor

Full Name: \_\_\_\_\_ NRIC/FIN: 

X	X	X	X	X				
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Contact No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

### Corporate Donor

Company Name: \_\_\_\_\_

UEN: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Contact No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

### Change Of Donation Details

\* Please note that we accept only VISA or Mastercard.

\* Please fill in your full credit/debit card details even if there is no change in your credit/debit card.

I hereby agree to continue my Direct Debit donations to Singapore Cancer Society (SCS) using the following credit / debit card and donation arrangement.

Your Name on Credit/Debit Card: \_\_\_\_\_

Credit/Debit Card No.: \_\_\_\_\_ Expiry Date (MM/YY): 

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Current Amount: S\$\_\_\_\_\_ Current Frequency:  Monthly  Tri-Annually  Half-Yearly  Yearly

New Amount: S\$\_\_\_\_\_ New Frequency:  Monthly  Tri-Annually  Half-Yearly  Yearly

Effective from (MM/YY): 

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I would like my contributions to be acknowledged in SCS publications.

SINGAPORE CANCER SOCIETY

30 Hospital Boulevard #16-02 NCCS Building Singapore 168583

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SCS Clinic @ Bishan | SCS Cancer Rehabilitation Centre @ JEM Office Tower

SCS Satellite Office @ National University Cancer Institute, Singapore | SCS Satellite Office @ National Cancer Centre Singapore