

## CREDIT/DEBIT CARD DONATION FORM

### Donor's Details

Salutation: \_\_\_\_\_ Given Name: \_\_\_\_\_  
 Surname: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 NRIC#/FIN/UEN\* \_\_\_\_\_ Date of Birth (DD/MMM/YY): \_\_\_\_\_ Sex: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Contact:(H) \_\_\_\_\_ (O) \_\_\_\_\_ (HP) \_\_\_\_\_

\*Please include your NRIC#/FIN/UEN for auto-inclusion in our tax exemption filing.

Please fax, mail or email (fund\_raising@singaporecancersociety.org.sg) the completed donation form to us.

If you wish to terminate or make any changes to your donation, please send an email to fund\_raising@singaporecancersociety.org.sg with at least 30 days' notice.

### I Would Like to Make a:

Monthly/Tri Annual/ Half  
 Yearly/Annual Donation of:  S\$20  S\$50  S\$100  S\$200  Others: \_\_\_\_\_  
 (Min. donation \$5)

One Time Donation of:  S\$50  S\$100  S\$200  Others: \_\_\_\_\_  
 (Min. donation \$5)

**(Please note that we accept only VISA or Mastercard)**

Credit/ Debit Card No:

Your Name on Card: \_\_\_\_\_ Expiry Date (MM/YY):

### Donor's Signature Acknowledgement

I consent to allow Singapore Cancer Society (SCS) to collect, use, disclose and/or process my personal data in order to process, administer, facilitate, maintain and/or manage my relationship with SCS as a member, volunteer, programme participant, beneficiary and/or donor ("Purpose"), including communications on SCS' activities, programmes and services; donation requests; carrying out research, analysis and development activities for SCS' purposes; and making disclosures required by law or a competent authority. SCS may, for the above Purpose, disclose my personal data to its third party service providers and/or agents, which may be sited outside of Singapore (subject always to requirements under applicable law having been met).

If you wish to receive communications on SCS' activities, programmes and services via phone call and/or text message to a phone number or numbers that you have provided to SCS, please **TICK** the relevant box(es):

- Text Message  
 Phone Call

In any event, you agree that SCS may send communications on its activities, programmes and services to you via email and/or post.

If you do not wish to receive such communications via email and/or post, or if you wish to make changes to consent previously given, you understand that you may opt out by writing to the "SCS Data Protection Officer" at 30 Hospital Boulevard #16-02 S(168583).

**Please tick the box below if you would like us to acknowledge your kind support to SCS:**

Yes

\_\_\_\_\_  
 Donor's Signature

\_\_\_\_\_  
 Date