

MEMORIAL DONATION FORM

A) If you want to enjoy tax exemption for this donation, please fill in the following details:

Salutation: _____ Given Name: _____
 _____ Surname: _____
 NRIC#/FIN*: _____ Date of Birth (DD/MMM/YY): _____ Sex: _____
 Company Name: _____ UEN*: _____
 Contact Person: _____
 Address: _____
 Postal Code: _____ Email Address: _____
 Contact: (H) _____ (O) _____ (HP) _____
Remarks: The donation is made in memory of (name of the deceased) _____

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

B) If you DO NOT want to enjoy tax exemption for this donation, please fill in the following details:

Name of the deceased: **The Late** _____
 Contact Person: _____
 Address: _____
 Postal Code: _____ Email Address: _____
 Contact: (H) _____ (O) _____ (HP) _____

Cash/Credit/Debit Card Donation

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

One Time Donation of: S\$500 S\$1000 S\$2000 Others: _____
 (Minimum donation amount:\$5)

(Please note that we accept only VISA or Mastercard)

Credit/ Debit Card No: - - -

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

SINGAPORE CANCER SOCIETY

30 Hospital Boulevard #16-02 NCCS Building Singapore 168583

Main: 1800 727 3333 | Fax: 6221 9575

www.singaporecancersociety.org.sg | fund_raising@singaporecancersociety.org.sg

Cheque Donation

Donation of: \$ _____

Issuing Bank: _____ Cheque Number: _____

Name of Payee: Singapore Cancer Society

Mail the cheque to:

30 Hospital Boulevard

#16-02 NCCS Building

Singapore 168583

Attn: Stakeholders Management Department

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 NCCS Building Singapore 168583](#)".

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

- Yes

Please acknowledge _____ in the donor list.

Donor's Signature

Date

For Official Use Only

Name of Receiving Staff

Authorised Signature

Date

SINGAPORE CANCER SOCIETY

30 Hospital Boulevard #16-02 NCCS Building Singapore 168583

Main: 1800 727 3333 | Fax: 6221 9575

www.singaporecancersociety.org.sg | fund_raising@singaporecancersociety.org.sg

SCS Clinic @ Bishan Junction 8 Office Tower | SCS Cancer Rehabilitation Centre @ JEM Office Tower
SCS Satellite Centre @ National University Cancer Institute, Singapore | SCS Satellite Centre @ National Cancer Centre Singapore