

DIRECT DEBIT DONOR PROGRAMME - Authorisation Form for Changes

Kindly complete the form below, email (fund_raising@singaporecancersociety.org.sg), fax or post it to us. If you wish to make any changes to or terminate your donation, please send an email to fund_raising@singaporecancersociety.org.sg with at least 30 days' notice. Thank you for your continued support.

Stakeholders Management Department
Singapore Cancer Society

 CHANGE OF DONATION DETAILS* (Please note that we accept only VISA or Mastercard)

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\$ _____ /every month/Others (please specify): _____

New Amount (Note: Minimum S\$5/month): S\$ _____ /every month/Others (please specify): _____

Effective from (MM/YY):

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****Please fill in your credit/debit card details even if you have not changed your credit/debit card.***

ADDRESS/EMAIL ADDRESS/PHONE NUMBER

Please fill in your address/email address/phone number(s) to help us find your SCS donation details.

Mailing Address: _____

Email Address: _____

Home Phone No. _____ Office Phone No. _____ Mobile Phone No. _____

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

Yes

Donor's Given Name: _____ Surname: _____

NRIC/FIN#:

	X	X	X	X	X								
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 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 | SCS Cancer Rehabilitation Centre @ JEM Office Tower

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