

CHEQUE DONATION FORM

Donor's Details

Salutation: _____ Given Name: _____

_____ Surname: _____

NRIC#/FIN.*: _____ Date of Birth(DD/MMM/YY): _____ Sex: _____

Company Name: _____

Contact Person: _____ UEN*: _____

Address: _____

_____ Postal Code: _____

Contact:(H) _____ (O) _____ (HP) _____

Email Address: _____

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

I Would Like to Make a:

Donation of \$: _____

Issuing Bank: _____ Cheque Number: _____

Please make the cheque payable to **"Singapore Cancer Society"** and mail it to:

30 Hospital Boulevard

#16-02 NCCS Buidling

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 S(168583).

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

- Yes

Donor's Signature

Date