

**DIRECT DEBIT DONOR PROGRAMME
Change Request Form**

To update your recurring card donations, please complete the form below and email it to fund_raising@singaporecancersociety.org.sg, fax or post it to us.
For cancellations, kindly email us with a 30-day notice.


Thank you very much for your continued support!

 **I am an Individual Donor**

Full Name: _____ NRIC/FIN: X X X X X | | |

Contact No.: _____ Email Address: _____

Postal Code: _____ Address: _____

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

 **We are a 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): ____ / ____

Donation Amount: S\$ _____

Donation Frequency: Monthly Tri-Annually Half-Yearly Yearly

Please start the new deduction in (MM/YY): ____ / ____

Winner of the Charity Governance Award 2023



Singapore Cancer Society

30 Hospital Boulevard, #16-02 NCCS Building, Singapore 168583

www.singaporecancersociety.org.sg | enquiry@singaporecancersociety.org.sg | 1800-727-3333 (1800-SCS-3333)