SINGAPORE CANCER SOCIETY

MEMORIAL DONATION FORM

Please complete the form below and email it to fund_raising@singaporecancersociety.org.sg or post it to Singapore Cancer Society, 30 Hospital Boulevard #16-02 NCCS Building, Singapore 168583. Please note that fields marked with * are required.

A) If you wish to receive tax deduction, please fill in the following details:

For Individual Donors

Salutation: _____ Full Name: _____ *NRIC No./FIN: ☐☐☐☐☐☐☐☐☐

Gender: _____ D.O.B.: _____ *Email Address: _____

Mobile No.: _____ Postal Code: _____ Address: _____

*This donation is made in memory of _____

For Corporate Donors

*Company Name: _____ *UEN: _____

Postal Code: _____ Address: _____

Contact Person: _____ Contact Number: _____

*Email Address: _____

*This donation is made in memory of _____

B) If you do not require tax deduction, please fill in the following details:

*Name of the deceased: The Late _____

Contact Person: _____ Contact Number: _____

Postal Code: _____ Address: _____

*Email Address: _____

C) Donation Details

Donation Amount: ◯ $5,000 ◯ $2,000 ◯ $1,000 ◯ $500 ◯ Others: $_____

Donation Frequency: ◯ One Time ◯ Monthly

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D) Payment Method

(i) Credit / Debit Card (Please note that we accept only VISA and Mastercard)

Credit / Debit Card No: _____ Expiry Date (MM/YY): ☐☐☐☐

Your Name on Card: _____

(ii) Cheque (for one time donation only)

Cheque No.: ☐☐☐☐☐☐ Issuing Bank: _____ Name of Payee: Singapore Cancer Society

(iii) PayNow (for one time donation only)

(a) PayNow to UEN: S65SS0033F

(b) PayNow QR code:

PayNow Date (DD/MMM/YYYY): _____

E) Consent and Acknowledgement *- For donations of $1,000 and above only*

◯ Please tick the circle if you would like this memorial donation to be acknowledged in our publications and provide the name to be published: _____.

◯ 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.

_____

Signature of Donor and Date