

DONATION FORM

YOUR CONTRIBUTION

I would like to support Children's Aid Society (CAS) by making a:

- one-time donation recurring donation – monthly / quarterly / half-yearly / yearly

Donation amount:

- \$50 \$100 \$500 Other amount: \$ _____

Tax deduction (only applicable to Singapore taxpayers):

Children's Aid Society is a registered charity with Institute of Public Character (IPC) status.

Outright donations of \$10 and above are eligible for a 250% tax deduction.

- Yes No

YOUR DONATION METHOD

- Cash
- GIRO/Bank transfer Transaction Ref. No: _____
- PayNow/GrabPay Attach Transaction Charge Slip or provide Transaction Ref. No: _____
- Cheque Please cross and make cheque payable to CHILDREN'S AID SOCIETY
Cheque No: _____ Bank: _____ Date: _____

YOUR PARTICULARS

- Individual Corporate/Foundation Others: _____

Full Name/Organisation Name: _____

NRIC/FIN/UEN: _____

Mobile No: _____ Office No: _____

Email Address: _____

Postal Address: _____

YOUR CONSENT & DECLARATION

By submitting this form, I acknowledge the following:

1. Tax-deductible donations are to be made by 20 December to be included in the tax assessment for the donation year. Donors shall furnish the necessary information in this form to CAS, and CAS shall furnish the same to IRAS to the extent necessary.
2. By providing the information set out in this form, I/we agree and consent to CAS collecting, using and disclosing my/our data for official purposes and in accordance with CAS' data protection policy:
<https://childrensaidsociety.org.sg/cas/data-protection-policy/>

- I allow my name/my organisation's name to be acknowledged in CAS' print or online materials.

(Applicable to accumulated donations of \$1000 and above made in the calendar year)

- I would like to stay connected and receive updates about programmes, events and other activities at CAS.

By signing below, I hereby declare that all information I provide in this form is true and correct.

Signature

Date

FOR OFFICIAL USE

Purpose:

- General Melrose Home Melrose Care Melrose Village Others: _____

Donation Box

Received by:

[Cash donation] Verified by:

Opened by:

Verified by:

Name, Signature, Date

Name, Signature, Date

Name, Signature, Date

Name, Signature, Date

Remarks: _____

DONATION FORM_09052024



MELROSE HOME

35 Boon Lay Ave
Singapore 649962

6466 5758

ask@childrensaidsociety.org.sg



MELROSE CARE

Blk 557 #01-63 Woodlands Drive 53
Singapore 730557

6970 0971

melrosecare@childrensaidsociety.org.sg

www.childrensaidsociety.org.sg

childrensaidsocietysg

childrensaidsocietysg

linkedin.com/company/childrensaidsocietysg

IPC No.: IPC000456

Member of

