(in f childrensaidsocietysg



DONATION FORM

YOUR CONTRIBUTION					
would like to make a:					
	Recurring donation – monthly	y / quarterly / half-yea	rly / yearly		
Donation amount:	□ ¢500	704			
\square \$50 \square \$100 Fax deduction (only applicable		ے Otner amount: ۶			
Dutright donations of \$10 and abo		duction.			
☐ Yes ☐ No					
YOUR DONATION METH	OD				
		PayNow/PayLah	☐ Other:		
YOUR PARTICULARS					
	te/Foundation				
Full Name/Organisation Name	:				
NRIC/FIN/UEN:					
Postal Address:					
YOUR CONSENT AND DE	CLARATION				
By submitting this form, I ackr	nowledge the following:				
			he tax assessment for the dona , and CAS shall furnish the same		
necessary.					
		_	CAS collecting, using and disclo childrensaidsociety.org.sg/cas/		
	isation's name to be acknowl nations of \$1000 and above made		online materials.		
		-			
	ed and receive updates abou				
By signing below, I hereby	declare that all information I	provide in this form is	true and correct.		
	Signature		Date		
FOR OFFICIAL USE	Signature		Date		
Purpose:					
-	☐ Melrose Care ☐ Melrose	e Village □ Other:			
				Donation Box	
Received by:	[Cash donation] Ve	rified by:	Opened by:	Verified by:	
Name, Signature, Date	Name, Signature		Name, Signature, Date	Name, Signature, Date	
	rame, signature	-, =			
Remarks:					

NOTICE

Effective 1 May 2025, Children's Aid Society has transitioned from a registered society to Children's Aid Limited, a company limited by guarantee (CLG) with charity and IPC status. With this incorporation, the society's activities and assets have been transferred to the CLG. The nature of our charitable objectives, vision and mission will remain unchanged and there will be no disruption to our services. If you have any queries, please contact partnerships@childrensaidsociety.org.sg.