

**Donation Form 捐款表格**

Please make a donation by filling up the form and mail it back to us. Thank you!

请填写妥表格并寄至善友辅导中心。衷心感谢您慷慨解囊!

MY PARTICULARS 我的个人资料		
Name/Company 姓名/机构名称		
Address 地址		Postal Code 邮区编号
Telephone & Mobile No. 电话/手机号码	Fax No. 传真号码	Email Address 电邮
NRIC/UEN No. (for issuance of Tax Exempt Receipt) 居民证号码/机构注册编号(供签发免税收据用)		Donations from 1 Jan to 31 Dec 2015 will receive tax deduction of up to 3 times! 从2015年1月1日至12月31日之间的捐款将获得高达3倍的税前扣除!
CONTRIBUTION 捐款贡献		
<input type="checkbox"/> One time donation of 单次捐款: <input type="checkbox"/> \$10 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$500 <input type="checkbox"/> Other amount 或其他款额 \$ _____ <input type="checkbox"/> Monthly donation through GIRO (minimum amount \$10) 通过财路自动过账每月捐款 (至少 \$10) Limit of each monthly GIRO deduction (exclude cents)* 财路自动过账每月的款额: <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> \$30 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> 其他款额 Other amount \$ _____		
MODE OF PAYMENT 捐款方式		
<input type="checkbox"/> By Cheque, please made cheque payable to 支票捐款, 支票抬头请写 Shan You Counselling Centre (Cheque No. 支票号码: _____) <input type="checkbox"/> By GIRO, please fill in the GIRO application form below 财路自动过账捐款, 请填以下表格。		
ACKNOWLEDGEMENT 同意书		
<input type="checkbox"/> I hereby consent to receiving future mails from SYCC for information on programmes and activities, fundraising, volunteer and donor communications. 我谨此同意接收善友辅导中心寄予我有关课程、活动、募款、志工等资讯及捐款讯息函件的邮件。 <input type="checkbox"/> I hereby consent to receiving future mails from SYCC for information on programmes and activities relating to SYCC affiliated or other 3 <sup>rd</sup> party organisations. 我谨此同意接收善友辅导中心寄予我有关善友附属或其他第三方机构之课程与活动资讯的邮件 <input type="checkbox"/> I allow my name and donation to be acknowledged in SYCC's publication or website. 我允许本人姓名和捐款额刊登于善友辅导中心之刊物或网页。		
Signature 签名: _____		Date 日期: _____

GIRO DONATION FORM 财路自动过账申请表格																											
PART 1 FOR DONOR'S COMPLETION 捐款者填写																											
To: Bank & Branch Name 致: 银行及分行	Name as in bank account 银行户口姓名																										
Bank Address 银行地址	Bank Account No. 银行户口号码																										
1) I/We hereby instruct you to process <b>Shan You Counselling Centre's</b> instruction to debit my/our accounts. 2) You are entitled to reject this debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly. 3) This authorisation will remain in force until it is terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through <b>Shan You Counselling Centre</b> .																											
Signature/Thumbprint (as in bank record) 捐款者签名/拇指印 (根据银行户口记录)	Date 日期																										
PART 2 FOR SYCC OFFICIAL USE 由善友辅导中心填写																											
<table border="1"> <tr> <td>Bank</td> <td>Branch</td> <td>Shan You Counselling Centre Account No.</td> </tr> <tr> <td>7 2 1 4</td> <td>0 1 1</td> <td>0 0 3 0 4 8 8 5 0 0 9</td> </tr> </table>	Bank	Branch	Shan You Counselling Centre Account No.	7 2 1 4	0 1 1	0 0 3 0 4 8 8 5 0 0 9	<table border="1"> <tr> <td colspan="10">Shan You Counselling Centre Donor's Reference No.</td> </tr> <tr> <td>S</td><td>Y</td><td>C</td><td>C</td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	Shan You Counselling Centre Donor's Reference No.										S	Y	C	C						
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PART 3 FOR BANK'S COMPLETION 由银行填写																											
To: Shan You Counselling Centre. This application is hereby REJECTED (please tick <input checked="" type="checkbox"/> ) for the following reason(s):																											
<input type="checkbox"/> Signature/Thumbprint differs from Bank's records <input type="checkbox"/> Signature/Thumbprint incomplete/unclear <input type="checkbox"/> Amendment not countersigned by customer <input type="checkbox"/> Others _____																											
Name of Approving Officer	Date																										
Authorised Signature																											

**SHAN YOU COUNSELLING CENTRE**

善友辅导中心



**Data Protection Consent Form for Volunteers/Donors**

1. I hereby agree and consent that Shan You Counselling Centre (SYCC) may collect, use, disclose and process my personal information set out in the application/request forms by SYCC for one or more of the purposes as stated in SYCC's Data Protection Policy, which in summary includes but is not limited to the following:

- (a) Administering your volunteer services and/or communications pertaining your volunteer services with SYCC;
- (b) Administering your donations and/or communications pertaining to your donations to SYCC;
- (c) Communicating and updating you on other charity initiatives or related activities including soliciting donations and volunteers for activities or programmes organised by SYCC or other charitable organisations;
- (d) SYCC's publications and materials including but not limited to SYCC Annual Report (if any), SYCC's brochures, posters, banners and website;
- (e) SYCC's publicity and fundraising initiatives including but not limited to disclosures in the form of photographs/videos/words/messages in SYCC's letters, electronic mailers, social media and events;
- (f) Sending me marketing, advertising and promotional information about SYCC's events/activities and SYCC's affiliated or other third party organisations may be offering, and which SYCC believes may be of interest or benefit to me (aka "Marketing Messages"), by way of postal mail and/or electronic transmission to my email address(es);

**Opt Out for sub-clause (f)**

Please be informed that you have the right to opt out of receiving Marketing Messages. Kindly read Shan You Counselling Centre Data Protection Policy for further details on how you may exercise your right to opt out of receiving Marketing Messages. Kindly note that if you do not exercise your right to opt out of receiving such Marketing Messages, you will be deemed to have consented to the receiving of such Marketing Messages by SYCC, SYCC's affiliates, business partners and related organisations, these entities will continue to provide such Marketing Messages to you.

(g) Sending me marketing, advertising and promotional information about other products/services that SYCC and SYCC's affiliates or other third party organisations may be offering, and which SYCC believes may be of interest or benefit to me (the "Marketing Purpose"), to my telephone number(s) by way of:

- Voice call/phone call       SMS/MMS (text message)       Fax

**Opt In for sub-clause (g)**

\*If you AGREE AND CONSENT to SYCC, SYCC's affiliates, business partners and related organisations and their third party service providers processing your personal data for the Marketing Purpose and contacting you as described in this sub-clause (g), please indicate your preference for the mode of communication and consent by inserting a tick in the box .

- 2. I agree that my consent will remain in place until my withdrawal by officially notifying SYCC in writing at [shanyou@shanyou.org.sg](mailto:shanyou@shanyou.org.sg)
- 3. My personal data may/will be disclosed by SYCC to its third party service providers or agents (including social workers, hospitals, governmental bodies and/or other voluntary welfare organisations), for one or more "Purposes" [referring (a) to (g)].
- 4. By signing below, I represent and warrant that I am the user and/or subscriber of the telephone number(s) as set out in my application form, and that I have read and understood all of the above provisions, including the Data Protection Policy.
- 5. I have read and agree to the above.

ACKNOWLEDGEMENT	FOR SYCC USE ONLY
Name:	Attended by:
NRIC No.:	Staff Name and Signature:
Signature:	Designation:
The above information has been translated to me in _____ (language) for my understanding by:	
Name of Translator and Signature:	Date:
Date:	