

GIRO Donation Form 财路自动过账申请表格

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

请填写表格并寄至善友。衷心感谢您慷慨解囊!

MY PARTICULARS 捐款人个人资料		
Name (Please underline surname)/Company 姓名(请在姓氏下划线)/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(供签发捐款扣税收据用)		Donations from 1 Jan 2016 to 31 Dec 2018 will receive tax deduction of up to 2.5 times! 从 2016 年 1 月 1 日至 2018 年 12 月 31 日期间捐款将获得高达 2.5 倍的税前扣除!
CONTRIBUTION 捐款贡献		
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"/> \$30 <input type="checkbox"/> \$50 <input type="checkbox"/> \$80 <input type="checkbox"/> \$100 <input type="checkbox"/> \$200		
<input type="checkbox"/> 其他款额 Other amount \$ _____		
ACKNOWLEDGEMENT 同意书		
<input type="checkbox"/> I hereby consent to receiving future mails from Shan You for information on programmes and activities, fundraising, volunteer and donor communications. 我谨此同意接收善友通过任何方式传予我有关课程、活动、募款、义工等资讯及捐款的讯息与邮件。		
<input type="checkbox"/> I hereby consent to receiving future mails from Shan You for information on programmes and activities relating to Shan You's affiliated or other 3 rd party organisations. 我谨此同意接收善友通过任何方式传予我有关善友附属或其他第三方机构之课程与活动的讯息与邮件。		
<input type="checkbox"/> I allow my name and donation to be acknowledged in Shan You's publication or website. 我允许本人姓名和捐款额刊登于善友所属刊物或网站。		
Signature 签名: _____		Date 日期: _____

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 Shan You's 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 Shan You .	
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 SHAN YOU OFFICIAL USE 由善友填写											
<table border="1"> <tr> <th>Bank</th> <th>Branch</th> <th>Shan You Account No.</th> </tr> <tr> <td>7 1 7 1</td> <td>0 1 7</td> <td>0 1 7 9 0 2 8 1 3 2</td> </tr> </table>	Bank	Branch	Shan You Account No.	7 1 7 1	0 1 7	0 1 7 9 0 2 8 1 3 2	<table border="1"> <tr> <th colspan="2">Shan You Donor's Reference No.</th> </tr> <tr> <td>S</td> <td>Y</td> </tr> </table>	Shan You Donor's Reference No.		S	Y
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PART 3 FOR BANK'S COMPLETION 由银行填写		
To: Shan You. 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	Authorised Signature	Date

SHAN YOU 善友

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