

## Donation Form 捐款表格

MY PARTICULARS 捐款人个人资料			
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(供签发捐款扣税收据用)			
CONTRIBUTION 捐款贡献			
<input type="checkbox"/> One time donation of 单次捐款(Cheque 支票/PayNow): <input type="checkbox"/> \$10 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$500 <input type="checkbox"/> Other amount 其他款\$ _____			
<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) <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 \$ _____			
NOTES 注解			
1. By filling this donation form, you have consented for Shan You to use your personal information for donation-related, sending you Shan You materials such as materials in relation to fundraising events, electronic direct mailers and for communication purposes. 填写此捐赠表格, 即表示您同意 Shan You 将您的个人信息用于与捐赠相关的活动, 向您发送 Shan You 材料, 例如与筹款活动, 电子直接邮寄以及用于交流目的的材料。 2. Regardless of your donation amount, Shan You will submit your tax deduction to IRAS as long as you provide your NRIC/FIN/UEN. 无论您捐赠多少, 只要您提供 NRIC / FIN / UEN, Shan You 都会向 IRAS 提交减税。 3. In support of green efforts to save the environment, Shan You will not be issuing receipts for donations below \$20, unless upon request. 为支持绿色环保行动, 除非有要求, Shan You 将不会为低于\$20的捐款发行收据。 4. For enquiries or if you wish to opt out of Shan You mailing list, please email partnerus@shanyou.org.sg. 如有查询或希望退出山友邮件列表, 请发送电子邮件至 partnerus@shanyou.org.sg.			
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 Shan You Counselling Centre'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 Counselling Centre.									
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" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">Bank</th> <th style="width: 20%;">Branch</th> <th style="width: 60%;">Shan You Counselling Centre Account No.</th> </tr> <tr> <td style="text-align: center;">9 2 0 1</td> <td style="text-align: center;">0 1 1</td> <td style="text-align: center;">0 0 3 0 4 8 8 5 0 0 9</td> </tr> </table>	Bank	Branch	Shan You Counselling Centre Account No.	9 2 0 1	0 1 1	0 0 3 0 4 8 8 5 0 0 9	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 100%;">Shan You Counselling Centre Donor's Reference No.</th> </tr> <tr> <td style="text-align: center;">S Y C C</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									