

Donation Form 捐款表格

| MY PARTICULARS | | |
|---|---|-----------------------------------|
| Name/Company 姓名/公司 | Name of Person-In-Charge (if applicable) 负责人 | Designation (if applicable) 职位 |
| Address 地址 | | Postal Code 邮区 |
| Telephone/Mobile No. 电话/手机号码 | Email Address 电子邮件地址 | |
| FULL NRIC/UEN No. (mandatory for issuance of Tax-Exempt Receipt, minimum of S\$10 donation applies) 身份证/UEN 机构号码 (免税收据, 最低捐款额为新币10元) | | |
| MY DONATIONS | | |
| I/We would like to make a donation of 我/我们捐献 \$ _____ via 通过 | | |
| <input type="checkbox"/> PayNow using QR Code or UEN No: S95SS0103B | | |
| <input type="checkbox"/> Cheque payable to Shan You 支票受益人请填写 Shan You | | |
| Bank (银行) : _____ | | |
| Cheque No. (支票号码) : _____ | | |
| Please mail Cheque & completed Donation Form to (请把填好的支票及表格寄至) : "Shan You, Blk 5 Upper Boon Keng Road, #02-15 Singapore 380005". | | |
| <input type="checkbox"/> Cash 现金 | | |
|  | | |
| TO SUPPORT | | |
| <i>Please indicate which Shan You services/ campaigns/ projects that you want to donate towards</i> 请选择您希望支持的筹款项目: | | |
| <input type="checkbox"/> Building with Shan You (General donations) 善友全面发展 | | |
| <input type="checkbox"/> Shan You Warming Hearts, Warming Tummies 善友暖心, 暖腹 | | |
| <input type="checkbox"/> Shan You Food Rations Distributions 善友粮食分派 | | |
| <input type="checkbox"/> My Community Mental Health, Marital and Family Counselling Fund 我的社区心理健康、婚姻与家庭辅导基金 | | |
| <input type="checkbox"/> Empowering Golden Years: Support Active Ageing with Shan You 与善友积极推广黄金岁月 | | |
| <p><i>Our Management and Staff of Shan You THANK YOU for your Generous Donations.</i> 善友的管理委员会及员工感谢您慷慨的捐助。</p> | | |

ACKNOWLEDGEMENT

- I hereby consent to receiving future updates and emails from Shan You for information on programmes, activities, fundraising, volunteering and donor communications.
- I hereby confirm that the above donation(s) has been handed over to the staff of Shan You.
- I hereby confirm that I have received the Temporary Receipt of the following receipt number.

Temporary Receipt No.

Acknowledgement by Donor:

Signature: _____

Full Name & Date : _____

Acknowledgement by Staff A:

Signature: _____

Full Name & Date : _____

Acknowledgement by Staff B:

Signature: _____

Full Name & Date : _____

FOR SHAN YOU OFFICIAL USE

PART 1 INTERNAL HANDOVER

CASH / CHEQUE (Delete where applicable)

HANDOVER BY STAFF A / STAFF B:

Signature: _____

Full Name & Date : _____

**RECEIVED & VERIFIED* BY FINANCE EXECUTIVE:
(OR APPOINTED STAFF)**

Signature: _____

Full Name & Date : _____

**Verified all details on donation form and temporary receipt*

PART 2 VERIFICATION BY FINANCE AND CORPORATE SERVICE

FINANCE EXECUTIVE:

Signature: _____

Full Name & Date : _____

**Get final verification and approval by corporate service manager before banking in*

VERIFIED BY CORPORATE SERVICE MANAGER *:

Signature: _____

Full Name & Date : _____

**Verified all details on donation form and temporary receipt*

PART 3 VERIFICATION* OF RECEIPT OF FUNDS, PROVISION OF RECEIPT & LOGBOOK CHECKED

FINANCE EXECUTIVE:

Signature: _____

Full Name & Date : _____

CORPORATE SERVICE MANAGER:

Signature: _____

Full Name & Date : _____

EXECUTIVE DIRECTOR:

Signature: _____

Full Name & Date : _____

**Verified banked-in funds to Shan You bank account. Check details in logbook are in order.*

**Final verification of logbook details for this donation.*