

GIRO DONATION FORM

I/We would like to make a monthly GIRO donation to (please	tick your choice):		
 □ Singapore Anglican Community Services □ Anglican Care Centre O Bukit Batok / O Farrer Park / O Hougang / O Pasir Ris / O Simei / O Yishun □ Youth Services (located in ACC Pasir Ris) 			
		☐ Integrated Employment Services	
		☐ Anglican Youth Centre (Sengkang)	
☐ Anglican Cluster Operator O Jurong East / O PEACE-Conr	nect		
	West / O PEACE-Connect@5 / O PEACE-Connect@8 / O Yishun		
	formerly known as Anglican Senior Centre Tampines) / O Woodlands		
☐ St. Andrew's Senior Care (Hillview)			
☐ St. Andrew's Nursing Home (Taman Jurong)			
☐ Anglican Family Centre			
□ CITY Community Services			
To (Name of bank):	Branch:		
Bank account number:	Name of account holder:		
Donation amount (minimum \$10):	Monthly deduction from/ (mm/yy) to/ (mm/yy)		
Name of Billing Organisation: Singapore Anglican Community	Services		
I/We hereby instruct the Bank to process Singapore Anglican Community Services' instructions to debit my/our account.			
 The Bank is entitled to reject Singapore Anglican Community Services' debit instructions if my/our account does not have sufficient funds and charge me/us a fee for this. The Bank may also allow the debit even if this results in an overdraft on my/our account and imposed charges accordingly. 			
	n the Bank's receipt of my/our written revocation through Singapore		
Signature(s)/Thumbprint(s)* as in bank record *Please approach the branch with your identification for thumbprint(s)	Date		
For Singapore Anglican Community Services' use only:	For bank's official use only:		
	To: Singapore Anglican Community Services		
Bank Branch SAMH A/C No.	This application is hereby APPROVED / REJECTED*.		
7 1 7 1 0 0 4 0 0 4 0 1 7 0 2	0 2 Signature/thumbprint* differs from financial institution's		
Donor reference no.	records		
	☐ Signature/thumbprint* incomplete/unclear		
	☐ Account operated by signature/thumbprint*		
	☐ Amendments not countersigned by customer		
	☐ Wrong account number		
	☐ Others: * Please delete where applicable		
DONOR'S DARTICUL ARS	i lease delete where applicable		
<u>DONOR'S PARTICULARS</u> Name / Company Name: (Mr. / Mrs. / Miss / Ms. / Mdm. / Dr. /			
	(*Required for tax deduction)		
	Postal Code:		
	Contact No.:		
Singapore Anglican Community Services (SACS) is an Institution	of a Public Character. Minimum \$10 donations are eligible for 2.5 times Il name / company name and NRIC/FIN/UEN number. Tax deduction will		
\Box Please tick the box if you wish to receive an e-receipt.* Monthly	donors (minimum \$10) will receive an annual e-receipt.		
\square Please tick the box if you wish to receive e-updates from us.			
\square Please tick the box if you wish to be acknowledged in the online	SACS Annual Report.		
Please mail the form to Group Corporate Communications Department Singapore Anglican Community Services 10 Simei Street 3 Singapore 529897			

Please glue here.

*In our efforts to go green, hard copy receipts will only be available upon request via email to samhsacs_comms@samh.org.sg. By submitting this donation form, you fully understand and agree to allow SACS to use and disclose your personal data for the purposes of donation-processing as well as to send you updates of our organisation and fundraising-related activities, including fundraising updates, appeals and events, and the submission of donation data to the Inland Revenue Authority of Singapore (IRAS) for tax deduction purposes. SACS aims to comply with the requirements of the Personal Data Protection Act 2012 and apply its obligations to our processes to safeguard your personal data. Please contact us at samhsacs_comms@samh.org.sg or 6586 8132 if you wish to opt out of our mailing list. For any enquiries or feedback relating to our data protection policies and practices, you may refer to our website (www.sacs.org.sg) or write to our Data Protection Officer at dpo@sacs.org.sg or 10 Simei Street 3 Singapore 529897.

- 1. Please print using the "double-sided" settings on 80gsm (or above) plain white paper.
- 2. Please fill up all the necessary information.
- 3. Before gluing, please fold the envelope along the dashed lines with the address facing the front.
- 4. Please glue all the areas stated "Please glue here," so all sides and edges are completely sealed.
- 5. Please do not staple.
- 6. Please drop this sealed envelope into the post box.

Step 1. Please fold along this line.

Postage will be paid by addressee. For posting in Singapore only.

BUSINESS REPLY SERVICE PERMIT NO. 08521

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St. Andrew's Mission Hospital
Singapore Anglican Community Services

Group Corporate Communications Department 10 Simei Street 3 Singapore 529897

Step 2. Please fold along this line.

(This side faces out.)