

Individual Corporate

Name: (Dr/Mr/Ms): _____ NRIC/FIN/UEN No*: _____

Contact no.: _____ Email: _____

Address: _____ Postal Code: _____

**Please state your NRIC/FIN/UEN number so that the donation can be automatically included in your tax assessment.*

Yes, I want to help save more lives with a One-time / Monthly[#] gift of:

\$200 \$100 \$50 \$20

Other Amount _____

Please debit my Credit Card

Visa Master Card Amex Diners

I have enclosed a cheque/money order made payable to "KDF"

Bank/Cheque No. _____

Card No.

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Exp Date

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CCV2

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(For diners only)

MM / YY

I have filled in the Giro form below

Signature

#For monthly donations, receipts will be sent on an annual basis. Official receipts will only be issued for donations of \$20 and above.

Personal data collected is automatically added to our mailing list. Please tick if you:

Do **NOT** wish to receive a receipt/any letters from KDF

Do **NOT** wish to receive any communication materials from KDF

APPLICATION FORM FOR INTERBANK GIRO

Name of Bank: _____

Branch: _____

Name(s) as in Bank's Record: _____

Bank Account No: _____

Donor's IC/Passport No: _____

Contact Nos. (Tel/Fax): _____

Date: _____

Name of Billing Organisation: **KDF**

- a. I/We hereby instruct you to process the Kidney Dialysis Foundation's instructions to debit my/our account.
- b. You are entitled to reject the Kidney Dialysis Foundation's debit instructions 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 overdraft on the account and impose charges accordingly.
- c. This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through the Kidney Dialysis Foundation.

Signature(s)/Thumbprint(s) as in Bank's record _____ **Thumbprint needs to be verified by bank*

For KDF's Official Use Only

Bank Branch KDF's Account No.

7	3	7	5	0	6	0	2	1	0	3	0	5	1	7	0	5
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Bank				Branch				Account No. to be Debited											

KDF's Donor Ref. No.

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For Bank's Official Use Only

To: Kidney Dialysis Foundation
This application is hereby rejected for the following reason(s):

- Signature/Thumbprint differs from Bank records
- Signature/Thumbprint incomplete/unclear
- Account operated by signature/thumbprint
- Wrong account number
- Amendments not countersigned by customer
- Others: _____

Name of Approving Officer: _____

Authorised Signature/ Date: _____