Donation/GIRO Form

Kidney Dialysis Foundation Blk 333 Kreta Ayer Road #03-33 Singapore 080333
Tel: 6559 2630 Fax: 6225 0080

DTN-AAP

☐ 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 _____

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

Bank/Cheque No. _____

☐ I have filled in the Giro form below

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

☐ Please debit my Credit Card

☐ Visa ☐ Master Card ☐ Amex ☐ Diners

Card No. | Exp Date (MM / YY)

CCV2 ☐☐☐☐ (For diners only)

Signature

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

Bank Branch Account No. to be Debited

KDF's Donor Ref. No.

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: _____