Donation / GIRO Form

Kidney Dialysis Foundation 20 Peck Seah Street #03-00 Singapore 079312
Tel: 6559 2630 Fax: 6225 0080

☐ Individual ☐ Corporate

Name Dr/Mr/Mrs/Miss/Mdm (Underline surname) _____

NRIC/FIN No _____ Email _____

Address _____ Postal Code _____

_____

Tel _____ (H) _____ (HP)

For individuals, please state your NRIC/FIN 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:

☐ $1000 ☐ $500 ☐ $100 ☐ $50

☐ Other Amounts _____
For monthly donations, receipts will be sent on an annual basis.

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

Bank/Cheque No. _____

☐ I have filled in the GIRO form as attached.

Remarks: _____

☐ Please charge to my Credit Card

☐ Visa ☐ Master Card ☐ Amex

Card No. Exp Date

MM/YY

Signature

APPLICATION FORM FOR INTERBANK GIRO

Date _____

Name of Bank _____

Branch _____

Name(s) as in Bank's Record _____

Bank Account No. _____

Donor's IC/Passport No. _____

Contact Nos. (Tel/Fax) _____

Name of Billing Organisation **Kidney Dialysis Foundation Ltd**

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 _____

For KDF's Official Use Only

Bank				Branch			KDF's Account								
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.

Limit of Each Payment (Exclude Cents)

UEN: 199600830ZK33

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:

By completing and submitting this form, I consent to KDF collecting, using, and disclosing my personal data for communication, administrative/academic purposes, research, and statistical reporting (whether by KDF or a third party and whether initiated by KDF or any relevant government authority).