

PARTNER US

RESPONSE FORM

Mr/Mrs/Ms/Mdm/Dr/Prof or Company# _____
 Name _____
 NRIC/FIN/UEN No _____
 Address _____
 _____ S ()
 Date of Birth _____ Sex: M/F# _____
 Contact _____ (Home) _____ (Office)
 _____ (Mobile)
 Occupation _____
 Email _____

I would like to volunteer with Lakeside Family Services!
 Please contact me and send me more information.

I am pleased to make a contribution of the following amount

One-Time Donation

\$3000 \$1000 \$500 \$300 \$100
 Other Amount _____

Monthly Donation

\$100 \$80 \$50 \$20 \$10
 Other Amount _____

I would like to make my donation through

Cheque No _____ Bank _____
 (Please make cheque payable to "Lakeside Family Services")
 Online donation (Go to <https://www.giving.sg/lakeside-family-services> and donate to 'Christmas Appeal 2016' campaign)
 GIRO (Please complete form below)

Please be assured that your personal information will be kept strictly confidential. Your personal donation is eligible for two & a half times tax deduction. Please provide us your tax ref no (e.g. NRIC / FIN no. or ROC no.) for the donation to be tax deductible and automatically included in your tax assessment. Thank you.

By submitting this form, I acknowledge that Lakeside Family Services is collecting my personal data in this form in relation to my donation. I hereby consent to the agency collecting, using or disclosing my personal data to IRAS for the purpose of income tax deduction.

GIRO APPLICATION FORM

PART 1: FOR DONOR'S COMPLETION

Date _____
 To: (Name of Bank) _____
 Branch _____

Name of Billing Organisation: **Lakeside Family Services**
 Customer Name _____
 NRIC/FIN No _____

- I/We# hereby instruct you to process Lakeside Family Services' instructions to debit my/our# account.
- You are entitled to reject Lakeside Family Services' debit instruction 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 an overdraft on the account and impose charges accordingly.
- This authorisation will remain in force throughout the deduction period stated, or until it is terminated by your written notice sent to my/our# address last known to you or upon receipt of my/our# written revocation through Lakeside Family Services.

My/Our# Name(s) (as in account) _____
 Monthly Donation (payment limit) \$ _____
 My/Our# Account Number: _____
 My/Our# Contact (Tel/Fax) No(s) _____

My/Our Company Stamp/Signature(s)/Thumbprint(s) #
 (as in bank's record)

PART 2: FOR LAKESIDE FAMILY SERVICES' COMPLETION

Bank	Branch	Lakeside Family Services' A/C No
7 3 7 5 0 3 5 9 9 5 - 3 4 0 5 8 7 - 0		

Bank	Branch	Account No to be debited

Lakeside Family Services' Donor Ref No

PART 3: FOR BANK'S COMPLETION

To: Lakeside Family Services

This application is hereby rejected (please tick) for the following reason(s):

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

 Name of Approving Officer Authorised Signature Date

*For thumbprints, please go to the branch with your identification documents
 #Please delete where inapplicable



A registered charity:

Please fold along the dotted line

**BUSINESS REPLY SERVICE
PERMIT NO. 08310**

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



LAKESIDE FAMILY SERVICES
21 Yung Ho Road, #03-01
The Agape,
Singapore 618593

Please fold along the dotted line