

Building Stronger Families and Better Lives

Aside from grants, Lakeside relies on donations to meet our yearly operating expenses. Through our programmes, we support over **7,000** beneficiaries annually:



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Email: lfstj@lakeside.org.sg
www.lakeside.org.sg



2,700
(Ex-)Inmates & People with
Gambling Addiction



2,500
Distressed Individuals
& Families



1,000
Troubled
Youths



700
Disadvantaged
Children



300
Seniors
(including the lonely & frail)



50
Women with
Unsupported Pregnancies

By donating, you are helping to pave the way for these beneficiaries to achieve breakthroughs in overcoming life challenges, and enabling them to work towards self reliance.

FOR OFFICIAL USE

Received by:

Receipt No.:

Date:

Remarks:

DONATION FORM

ALL DONATIONS \$50 AND ABOVE ARE ELIGIBLE FOR 250% TAX DEDUCTION. PLEASE ENSURE THAT YOUR DETAILS ARE PROVIDED TO FACILITATE AUTO-INCLUSION IN YOUR TAX ASSESSMENT.



I would like to make a:

- MONTHLY DONATION** (credit card or GIRO only)
- \$50 \$100 \$150 \$200 Other amount: _____
- ONE-TIME DONATION**
- \$100 \$500 \$1,000 \$3,000 Other amount: _____

Donor's Details

PLEASE PROVIDE YOUR PERSONAL DETAILS TO FACILITATE AUTO-INCLUSION IN YOUR TAX ASSESSMENT.

INDIVIDUAL GIVING

Title: Mr Mrs Mdm Ms Dr Prof

Full Name (as in NRIC / FIN): _____

NRIC no. / FIN: _____ Contact no.: _____

Mailing Address: _____

Postal Code: _____ Email: _____

CORPORATE GIVING

Organisation Name: _____

UEN: _____ Organisation Mailing Address: _____

_____ Postal Code: _____

Name of Contact Person: _____

Contact No. : _____ Email: _____

I am giving by:

CREDIT CARD (VISA / MASTERCARD)

Credit Card No.: _____ Expiry Date (mm/yy): _____

Cardholder's Name: _____

Cardholder's NRIC no. / FIN: _____ Signature: _____

CHEQUE (Payable to Lakeside Family Services)

Cheque no.: _____ Bank: _____

I am giving by: (cont'd)

ONLINE via: <http://bit.ly/lakeside-online-donation>

GIRO (Please complete the form below)

Part 1: For Donor's Completion

Name (as in bank account): _____

NRIC no. / FIN: _____ Contact No.: _____

Bank Account no: _____ Date: _____

To (Name of Bank): _____

Branch: _____

Name of Billing Organisation ("BO"): **Lakeside Family Services**

Monthly Donation (payment limit): S\$ _____

Company Stamp / Signature(s) /
Thumbprint(s)
(as in bank record)

- I/We hereby instruct the Bank to process the BO's instructions to debit my/our account.
- The Bank is entitled to reject the BO's debit instruction if my/our* account does not have sufficient funds and charge me/us a fee for this. The Bank may also at its discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- This authorisation will remain in force until the Bank's written notice sent to my/our* address last known to the Bank or upon the Bank's receipt of my/our written revocation; or upon the Bank's receipt of the notice of expiry from the BO.

Part 2: For BO's Completion

BANK			BRANCH			
7	3	7	5	0	3	5

LFS ACCOUNT NO									
9	9	5	3	4	0	5	8	7	0

BANK			BRANCH			

ACCOUNT NO TO BE DEBITED									

BO'S DONOR REFERENCE NO									

Part 3: For Bank's Completion

To: **Lakeside Family Services**

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

- Signature / thumbprint* differs from the bank's records
- Amendments not countersigned by donor
- Account operated by signature / thumbprint*
- Signature / thumbprint* incomplete / unclear*
- Wrong Account Number
- Others: _____

Name of Approving Officer: _____

Authorised Signature:

Date:

Please mail the completed form to: **21 Yung Ho Road #03-01 The Agape Singapore 618593**

By submitting this form, you hereby consent to Lakeside Family Services collecting your personal data for the purpose of administering your donations and communicating updates to you on other initiatives of Lakeside Family Services.

- Please tick here if you DO NOT wish to receive communications and updates from Lakeside Family Services about future initiatives