



Donation/GIRO Form

Kidney Dialysis Foundation Blk 333 Kreta Ayer Road #03-33 Singapore 080333

Tel: 6559 2630 Fax: 6225 0080

DTN-WBS

Individual Corporate
Name Dr/Mr/Mrs/Miss/Mdm (Underline surname)

NRIC/FIN/UEN 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. For corporates, please state your UEN number for tax-deductible receipt.

Yes, I want to help save more lives with a One-Time/ Monthly gift of:

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

Other Amounts _____

For monthly donations, receipts will be sent on an annual basis.

I have enclosed a cheque/money order made payable to "Kidney Dialysis Foundation Ltd"

Bank/Cheque No. _____

I have filled in the Giro form as attached.

Please debit my Credit Card

Visa Master Card Amex Diners

Card No. _____ Exp Date _____

CVV2

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 _____ **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 3 5 0 3

Bank Branch Account No. to be Debited

KDF's Donor Ref. No.

Limit of Each Payment (Exclude Cents)

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