



# Donation/GIRO Form

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

Tel: 6559 2630

Fax: 6225 0080

Individual       Corporate

DTN-WBS

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.

**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

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

\$200     \$100     \$50     \$20  
 Other Amount \_\_\_\_\_

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

Please debit my Credit Card  
 Visa     Master Card     Amex     Diners

Card No. \_\_\_\_\_ Exp Date \_\_\_\_\_  
 CCV2 \_\_\_\_\_ MM/YY

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

I have filled in the Giro form as attached

Signature

**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 3 5 0 3

Bank                      Branch                      Account Number to Be Debited

KDF's Donor Reference Number

Limit of Each Payment

**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: \_\_\_\_\_