

RESPONSE FORM

PERSONAL PARTICULARS 个人资料

* Name / Company name 姓名 / 公司名称:

* NRIC / FIN No. / ROB / ROC No. 身分证号码 / 注册号码:

* Date of birth 出生日期: Contact number 联络电话:

* Address 地址:

Postal code 邮区: Email 电邮:

* Please state the above-mentioned information for automatic tax deduction in your Notice of Tax Assessment
请附上您的身分证号码, 以便发税务回扣收据

DONATION DETAILS 捐款详情

A. I wish to purchase 我想购买: 5 December 2015 (Saturday) 2015 年 12 月 5 日 (星期六)

(Please tick/ indicate amount 请指定数目)

- 1 ticket at S\$50 一张票, 值 S\$50
 2 tickets at S\$100 两张票, 值 S\$100
 10 tickets at S\$450 十张票, 值 S\$450
 20 tickets at S\$800 二十张票, 值 S\$800

B. One-time donation 一次捐款: \$100 \$500 \$1,000 Other amount:

I enclose a cheque/PO/MO made payable to "Singapore Children's Society"
我附上一张付给 "Singapore Children's Society" 的支票/ 汇票/ 邮政汇票

Cheque number 支票号码:

Please debit my credit card 请从我的信用卡扣除

VISA / MasterCard card number 信用卡号码:

Expiry Date 有效期:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Cardholder's name 持卡人姓名:

Signature 签名:

Date 日期:

Singapore Children's Society is an Institution of Public Character and all local donations qualify for 3 times tax exemption benefits.
For more information about Singapore Children's Society, please visit our website at www.childrensociety.org.sg.

For enquiries about the event, please contact:

Ms Shen Xuesheng / Ms Lee Wen Ting

Tel: 6273 2010 Email: xssh@childrensociety.org.sg / wlee@childrensociety.org.sg

Singapore Children's Society (Corporate Office)

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