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APSN

CELEBRATING

DIVERSITY  
TOGETHER

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APSN Ltd  
Fundraising and Partnerships  
11 Jln Ubi,  
Block 2, #02-12,  
Singapore 409074

**FOLD & GLUE HERE**

APSN respects donors' confidentiality. By submitting our donation forms, we have added you into our donor mailing list for processing donations, donor relationship management, fund raising and communications. To opt out of receiving communication materials for our donors, kindly email [partnerships@apsn.org.sg](mailto:partnerships@apsn.org.sg) with the subject heading "Unsubscribe".

### **Donation Form - One-Time**

(To be mailed out with the attached Business Reply Service by folding it into an envelope.)

Individual  Corporate

Dr/Mr/Ms/Mdm/Mrs

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Tel: \_\_\_\_\_

Email: \_\_\_\_\_

NRIC/FIN: \_\_\_\_\_ UEN: \_\_\_\_\_

Upon successful clearance of my donation, I would like to receive a tax deductible receipt via email.

I would like to find out more about volunteering.

Here is my donation of  \$15  \$30  \$90  \$120  \$ \_\_\_\_\_

Please select one of the following donation methods:

Cash

Cheque made payable to **APSN LTD. - CENTRE FOR ADULT A/C 1**

Bank/Cheque No. \_\_\_\_\_

MasterCard  VISA

Name as on Card: \_\_\_\_\_

Card No.  -  -  -

Card Expiry  /

Signature: \_\_\_\_\_



#### **Donate via PayNow / GrabPay**

For PayNow donations, please indicate  
CD26<SPACE>NRIC under 'Reference Number'  
for 2.5 times tax deduction.

Example: CD26 S1234567A

All donations will be eligible for 2.5 times tax deduction and the deduction will be automatically included in your tax assessment if you have provided your Tax Reference number (e.g. NRIC/FIN/UEN). Your donation will go towards funding our vocational training programmes and employment support services to help individuals with mild intellectual disability lead independent lives.

### **Giro Form - Monthly**

11 Jalan Ubi Blk 2, #02-12, Singapore 409074  
EMAIL : [PARTNERSHIPS@APSN.ORG.SG](mailto:PARTNERSHIPS@APSN.ORG.SG)

#### **PART I: FOR DONOR'S COMPLETION**

##### **MONTHLY DONATION**

\$15  \$30  \$90  \$120  \$ \_\_\_\_\_

Date: \_\_\_\_\_ Name of Billing Organisation: **APSN LTD – Centre For Adult A/C1**

To: (Name of Bank)

\_\_\_\_\_ My / Our Name as in Bank Account: \_\_\_\_\_

Branch: \_\_\_\_\_

Address: \_\_\_\_\_ NRIC / FIN / UEN No.: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Mobile: \_\_\_\_\_

My / Our Signature(s) / Thumbprint(s)\* / Company Stamp:

Office/Home: \_\_\_\_\_

My / Our Bank Account Number:  
Current/Savings

(As in Bank's record)  
\*For thumbprint, please go to any branch of your bank with identification document for verification

- 1) I/W hereby instruct you to process billing organisation's instructions to debit my/our account.
- 2) You are entitled to reject the billing organisation's 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.
- 3) This authorisation will remain in force until terminated by your written notice sent to my/ours address last known to you or upon receipt of my/our written revocation through APSN.

#### **PART II: FOR APSN'S COMPLETION**

Bank	Branch	Bank Account No.
7 1 7 1	0 7 2 0	7 2 0 3 5 5 5 8 0

Billing Organisation's Customer Ref. No.

Bank	Branch	Account No. To Be Debited
7 1 7 1	0 7 2 0	7 2 0 3 5 5 5 8 0

#### **PART III: FOR FINANCIAL INSTITUTION'S COMPLETION**

To: **APSN LTD – Centre For Adult A/C1**  
11 Jalan Ubi Blk 2, #02-12, Singapore 409074

Name of Approving Officer:

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

- Signature/Thumbprint\* differs from financial institution's record
- Signature/Thumbprint\* incomplete/unclear\*
- Wrong account number
- Amendments not countersigned by donor
- Others: \_\_\_\_\_

\*Please delete where inapplicable.

Signature of Approving Officer:

Date:

NOTE: APSN respects donors' confidentiality. By submitting our donation forms, we have added you into our donor mailing lists for processing donations, donor relationship management, fund raising and communications. To opt out of receiving communication materials for our donors, kindly email [partnerships@apsn.org.sg](mailto:partnerships@apsn.org.sg) with the subject heading "Unsubscribe".