



APSN

CELEBRATING
DIVERSITY
— TOGETHER —

Share some encouraging words here...



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BUSINESS REPLY SERVICE
PERMIT NO. 09655



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

Postage will
be paid by
addressee. For
posting in
Singapore only



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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 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

PART I: FOR DONOR'S COMPLETION

MONTHLY DONATION

☐ \$15 ☐ \$30 ☐ \$90 ☐ \$120 ☐ \$ _____

Date: _____ Name of Billing Organisation: APSN LTD – Centre For Adult A/C 1

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/We 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
0	2	0
7	2	0
3	5	5
5	8	0

Billing Organisation's Customer Ref. No
<input type="text"/>

Bank	Branch	Account No. To Be Debited
<input type="text"/>	<input type="text"/>	<input type="text"/>

PART III: FOR FINANCIAL INSTITUTION'S COMPLETION

To: APSN LTD – Centre For Adult A/C 1
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: _____

Signature of Approving Officer: _____

Date: _____

*Please delete where inapplicable.

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