



DONATION FORM

11 JALAN UBI #02-12 SINGAPORE 409074 | TEL: 6479 6252 | EMAIL: PARTNERSHIPS@APSN.ORG.SG

PART I: DONATION AMOUNT

I am pleased to make a contribution of the following amount:

ONE TIME DONATION

\$1000 \$500 \$250 \$100 \$50 Other Amount _____

MONTHLY DONATION

\$250 \$200 \$100 \$50 \$10 Other Amount _____

PART II: DONOR DETAILS

Name / Company / Event	Dr / Mr / Mrs / Mdm / Ms	
NRIC / FIN / UEN No.*		Tax Deductible Receipt Issuance: <input type="checkbox"/> Yes, by mailing <input type="checkbox"/> Yes, by email <input type="checkbox"/> No
Mailing Address		Postal Code ()
Contact No.	(HP)	(H / O)
Email		

*Your donation is eligible for 2.5 times tax deduction. Please provide your **NRIC/FIN/UEN No.** for submission to Inland Revenue Authority of Singapore for automatic tax deduction. A tax deductible receipt will be issued only when full donor's details are provided, upon request.

PART III: DONATION METHOD

<input type="checkbox"/> Cash	<input type="checkbox"/> GIRO (Please complete form on the reverse page)	
<input type="checkbox"/> Cheque <i>Crossed & made payable to "APSN LTD – Centre For Adult A/C 1"</i>	Bank & Cheque No.	
<input type="checkbox"/> Bank Transfer <i>DBS Current 072-035558-0</i>	Transaction Ref.	
<input type="checkbox"/> PayNow - APSN LTD – Centre For Adult A/C 1 <i>UEN – 202018265WCA1</i>	Transaction Ref.	
<input type="checkbox"/> Online Platform	<input type="checkbox"/> Giving.sg <input type="checkbox"/> Give.asia <input type="checkbox"/> Benevity Ref. No _____	

PART IV: FOR APSN'S COMPLETION

Collected by:	Witnessed by:	Verified by:	Donation Tax Deductible: <input type="checkbox"/> Yes <input type="checkbox"/> No
			Funds Designated to: <input type="checkbox"/> APSN Training and Education <input type="checkbox"/> CFA Operations and Programmes <input type="checkbox"/> Others: _____
Name: Date:	Name: Date:	Name: Date:	

NOTE: 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 with the subject heading "Unsubscribe". By providing personal data on behalf of another individual (e.g. dependent, spouse, child, or parent), I warrant that I am legally authorised to do so and that the respective individuals have been informed and have consented to the collection, use, and disclosure of their personal data for the purposes stated herein. I confirm that the personal data provided is accurate and complete to the best of my knowledge. I understand that providing false or incomplete information may affect the processing of my request or service. By signing this form, I acknowledge that I have read and understood the Client Data Protection Notice made available to me at the time of collection. I consent to the collection, use, and disclosure of my personal data by APSN for the purposes stated in the Notice, in accordance with the Personal Data Protection Act 2012. I understand that I may withdraw my consent at any time by contacting the Data Protection Officer through the method specified in the Notice.