

## DONATION FORM (CORPORATE)

Full Name of organisation: \_\_\_\_\_

Name of contact person: \_\_\_\_\_ Dr / Mr / Mdm / Ms

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

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

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

Contact No: \_\_\_\_\_

Organisation to Donate to: \_\_\_\_\_ Fei Yue Family Service Centre / Fei Yue Community Services \*

Purpose of Donation: \_\_\_\_\_

Date of Donation: \_\_\_\_\_

Amount of Donation: S\$ \_\_\_\_\_ Payment Mode: Cash /Nets / Cheque\*

*\*Please delete where appropriate*

Request for Tax Deductible:  Yes  No

If Yes, please provide your company's ROC No: (For cash/cheque donation only):

ROC No. : \_\_\_\_\_

### Consent:

*Please tick where appropriate:*

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. I allow my organisation's name to be published in your agency's Annual Report, website and other publications as a form of acknowledgement.     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. If there are balance funds not used up for the selected programme, I agree that it can be channelled to another programme without informing me. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. I allow Fei Yue to use my organisation's data as provided above for future correspondences.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

\_\_\_\_\_  
Signature of Authorised Person

\_\_\_\_\_  
Company Stamp

Date : \_\_\_\_\_

*The information collected above will be used for receipt issuing, record keeping and for future correspondence with donors.*