

# DONATION FORM



## 1. DONOR INFORMATION

This gift is from

*Name (Mr / Mrs / Miss / Ms / Mdm / Dr)	
*NRIC / FIN No	
<b>COMPANY (If applicable)</b>	<b>DESIGNATION (if applicable)</b>
<b>*CORRESPONDENCE ADDRESS</b>	
Singapore ( )	Home No.
	Office No.
	Mobile No.
	Facsimile No.
Email Address	

*\* Mandatory fields*

## 2. DONATION INFORMATION

All cheque donation should be made payable to “**Society of Sheng Hong Welfare Services**”.

Donation amount of S\$ \_\_\_\_\_

Bank & Cheque No.: \_\_\_\_\_

Signature of Donor: \_\_\_\_\_

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

**We thank you for your kind support and generosity.**

1. Please send your donation and this form to:

**Hougang Sheng Hong Family Service Centre  
Blk 237, Hougang St 21, #01-406  
Singapore 520237**

2. Please ensure that the mandatory fields (\*) are being filled in order to enjoy tax exemption. A tax exemption receipt will be issued to you to acknowledge your kind contribution.