



Thank you for sharing your blessings!

To use this form for GIRO or Cheque, please print and fill the necessary fields below, and mail the completed form to us at: 55 Waterloo Street #07-02 Catholic Centre, Singapore 187954

For cash donations, please visit the CHARIS office at the address listed above to make your contribution.

My Particulars

My Contribution

First Name:		Enclosed is my contribution of:		
Last Name:		S\$10 S\$50 S\$100		
		S\$500 Others: S\$.00		
Contact Number:		Payment mode:		
Email Address:		GIRO (Please fill out GIRO Application Form)		
Address:		I am an existing GIRO donor, please increase my existing monthly donation Cheque (Make payable to CHARIS HAF)		
		Cheque No:		
Parish:		Bank Name:		

Notes:

- 1. All information provided in this envelope will be kept confidential. CHARIS adheres to the PDPA regulations.
- 2. By filling out this envelope it is deemed that you have consented for CHARIS to use your personal information for donation-related and communication purposes.
- 3. CHARIS is a registered charity under the Charities Act. Kindly note that donations are not tax deductible.
- 4. We typically take three to four weeks for processing.
- 5. CHARIS will provide acknowledgements of your donations via email. Contact us at info@charis-singapore.org or 6337 4119 if no acknowledgements are received more than four weeks after donating.

APPLICATION FORM FOR INTERBANK GIRO

Please complete Part 1 below and return to Caritas Humanitarian Aid & Relief Initiatives (Singapore) Ltd. Please MAIL the GIRO form to us as the bank requires the original signature for verification.

Part 1: For Applicant's Completion

Name(s) of Bank Account Holder(s):			(a) I hereby instruct you to process CHARIS' instructions to debit my/our account.		
NRIC/FIN/UEN: My/Our Bank Account Number:			 (b) You are entitled to reject CHARIS' 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. (c) This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/ our written revocation. (d) I/We consent to the Bank's disclosure of customer information relating to me/us in this document. 		
Branch:					
My Monthly Contribution Amount:	S\$.00	Signature/Thumbprint Date (For Thumbprints, please go to the bank branch with your identification)		

Part 2: For CHARIS' Completion						
Bank	Branch	CHARIS Bank Account No.	Bank	Branch	Account No. to be Debited	CHARIS Reference No.
7 1 7 1	0 0 3	0 0 3 9 5 2 8 6 7 1				

Note: Amendments made on the form must be countersigned by the bank account holder. Use of correction fluid/tape is not allowed.