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| **MY CONTRIBUTION** |
| **Yes!** I/We would like to support CaringSG Limited! |
| **DONATION AMOUNT** |
|

|  |  |
| --- | --- |
| **☐ For donations $10,000 or more** *(Eligible for 250% tax-deduction)*Please state amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Crossed cheques can be made payable to **“SG Enable Ltd – Mediacorp Enable Fund”**. Please indicate **“This donation is for Caring SG / Project 3i”** at the back of cheque. For tax deductions, write on the back of the cheque: individual/company name, NRIC/FIN/UEN details, email and mailing address. Mail the cheque to Mediacorp Enable Fund c/o SG Enable Ltd, 20 Lengkok Bahru, #02-06, Singapore 159053. | **☐ For donations less than $10,000** *(Not eligible for tax-deduction)*Please state amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Crossed cheques can be made payable to **“Caringsg Limited”**. Please indicate **“This donation is for Caring SG/Project 3i”** at the back of cheque. To help us acknowledge you, please write on the back of the cheque: individual/ company name, email and mailing address. Mail the cheque to 38, Irrawaddy Road, #07-54/55, Mount Elizabeth Novena Specialist Centre, Singapore 329563; Attention to Dr Lim Hong Huay. |

 |
| **MY PARTICULARS** |
| **☐ Individual ☐ Corporate**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name orCompany Name: |  | Last Name:*(Surname)* |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NRIC/FIN/UEN No.: |  | Contact No.:*(Home/Office)* |  | Contact No.:*(Mobile)* |  |

|  |  |
| --- | --- |
| Email Address: |  |

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| --- | --- | --- | --- |
| Residential / Company Address: |  | Postal Code: |  |

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| **MY ACKNOWLEDGEMENT** |
| **Consent & Declaration:**

|  |  |
| --- | --- |
| ☐ | I would like to receive emails and other notifications from CaringSG Limited on announcements and/or information pertaining to CaringSG Limited’s programmes, activities, fundraising, volunteer and donor communications. |
| ☐ | I would like to be acknowledged for my donation in CaringSG Limited’s publicity collaterals. |

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |

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| **FOR OFFICIAL USE:** |
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|  |  |  |
| **Received by:** |  | **Remarks *(If any)*:** |
|  |  |  |
| *Name, Sign, Date* |  |  |

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