

HEARTWARE NETWORK DONATION FORM

THANK YOU FOR YOUR SUPPORT

Please fill in and post the completed form to:

Heartware Network *SCAPE Building 2 Orchard Link #05-07A Singapore 237978



Inspiring youths.
Developing community champions.
www.heartware.org

Donor Particulars

Company name/Individual name (Dr/Mr/Ms/Mrs/Mdm):			
Company UEN No/NRIC/FIN/Others:		Name/Tel. No. of Contact Person (for companies)	
(For non-individual donors, you will need to make a claim in your tax return. However, you are not required to forward the donation receipt to IRAS if you have given us your Tax Reference number)			
Address:			Postal Code:
Tel (Home):	Office:	Mobile:	Email:

Mode of Donation (Donations of \$100 and above will receive 3 times tax deductions for donations made before 31st December 2015)

I enclose a cheque made payable to "Heartware Network"

No _____

I would like to make a monthly donation by **GIROs**
(For individual donors, please complete the form below)

Specify Amounts (Monthly recurring donation through GIRO):	\$
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(You may email admin@heartware-network.org at any time to change or discontinue your donation)

APPLICATION FORM FOR INTERBANK GIRO

PART 1: FOR APPLICANT'S COMPLETION (Please fill in the unshaded boxes)

DATE		NAME OF BILLING ORGANISATION HEARTWARE NETWORK
TO (Name of Bank)		DONOR REFERENCE NO. (To be completed by Heartware)
BRANCH		

- I/We hereby instruct you to process Heartware Network's instruction to debit my/our account.
- You are entitled to reject Heartware Network's debit instructions 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 result in an overdraft on the account and impose charges accordingly
- 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 through Heartware Network.

MY/OUR NAME(S) AS IN BANK ACCOUNT: (Please underline surname) <i>Dr/Mr/Ms/Mdm:</i>		MY/OUR SIGNATURE(S) / THUMBPRINT(S) / COMPANY STAMP <i>(as in bank record)</i>	
MY/OUR CONTACT NO(S):		*For thumbprint, please go to the branch with your identification	
Email			
Residence/Office/HP			
MY/OUR BANK ACCOUNT NO:		MY/OUR ADDRESS	
		*NRIC NO. (FIN no. for foreigners)	
		(Please state your NRIC number to enable IRAS to include your tax-free donation in your notice of Tax Assessment.)	

PART 2: HEARTWARE'S COMPLETION

BANK		BRANCH		HEARTWARE'S ACCOUNT NO.										DONOR REFERENCE NO.																	
7	3	7	5	3	2	0	9	7	0	3	4	6	6	2	1	0															
BANK		BRANCH		ACCOUNT NO. TO BE DEBITED (DONOR'S)																											

PART 3: FOR BANKS'S COMPLETION

To: Heartware Network
*SCAPE Building 2 Orchard Link #05-07A Singapore 237978

Tel: 6509 4414 Fax: 6509 4044
Email: admin@heartware-network.org

This application is hereby REJECTED (please ✓) for the following reason(s):

- | | |
|---|--|
| <input type="checkbox"/> Signature/thumbprint* differs from bank's record | <input type="checkbox"/> Wrong Account number |
| <input type="checkbox"/> Signature/thumbprint* incomplete/unclear* | <input type="checkbox"/> Amendments not countersigned by Donor |
| <input type="checkbox"/> Account operated by signature/thumbprint* | <input type="checkbox"/> Others: _____ |

*Please delete where inapplicable

Name of Approving Officer

Authorised Signature

Date

... If it is not from the Heart, it is not worth doing ...