



# Yes! I want to create change with just \$1 a day!

As part of the MWS Anti-Money Laundering Policy, we are required by law to perform anti-money laundering checks. As such, we will be asking for mandatory disclosures of certain personal information including occupation, place of work and/or sources of income for donations of \$10,000 and above. Your personal data is used solely for the purposes described in our privacy policy and will be kept confidential. We appreciate every support and seek your kind understanding. **Please contact [dpo@mws.sg](mailto:dpo@mws.sg) should you have any concerns or questions.**  
**By donating, I declare that the information provided is true and correct.**

Please mail the completed form to **Methodist Welfare Services at 70 Barker Road, #05-01 Singapore 309936.**

## DONOR DETAILS \*Please delete where applicable.

**Your personal donation is eligible for 2.5 times tax deduction. Please provide your particulars, especially your NRIC/FIN No, for submission to the Inland Revenue Authority of Singapore for automatic tax deduction.**

**Title:**  Mr  Mdm  Ms  Mrs  Rev  Dr  Prof

**Full Name** (as in NRIC/FIN): \_\_\_\_\_

**NRIC / FIN\* No:** \_\_\_\_\_ **Gender:**  Male  Female

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY) **Donor ID:** \_\_\_\_\_

**Contact No:** \_\_\_\_\_ (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ (Mobile)

**Mailing Address:** \_\_\_\_\_  
 \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Company:** \_\_\_\_\_

**Place of Worship** (if any): \_\_\_\_\_

## DONATION AMOUNT (SGD)

**\$1 a day:**

**Monthly (\$30)**

**One-time (\$365)**

**Other amounts:**

**Monthly :** \_\_\_\_\_

**One-time :** \_\_\_\_\_

## DONATION METHOD IMPORTANT: Please do not mail cash.

**CHEQUE** (Payable to: Methodist Welfare Services)

Cheque No: \_\_\_\_\_

Bank: \_\_\_\_\_

**PAYNOW** (Please type in the UEN: S81SS0088HMWS)

Alternatively, you may scan the PayNow QR code provided using your mobile banking app. Please insert "RG1D" under the Reference. If you would like tax exemption, do include your NRIC and contact number under Reference as well. Do not mail back this form.



**CREDIT CARD** (Minimum S\$10.00) **VISA / MASTERCARD \***

Cardholder's Name (as in credit card): \_\_\_\_\_

Expiry Date (MM/YY)  /

Signature (as in credit card): \_\_\_\_\_

**GIRO** (Please fill in form below)

**For Donor's Completion**

**Full Name** (as in bank account): \_\_\_\_\_

**NRIC / FIN\* No:** \_\_\_\_\_ **Contact No** (Tel/Fax\*): \_\_\_\_\_

**Bank Account No:** \_\_\_\_\_

**To (Name of Bank):** \_\_\_\_\_

**Bank Branch:** \_\_\_\_\_

**Monthly Donation** (payment limit): S\$ \_\_\_\_\_

**Name of Billing Organisation:** *Methodist Welfare Services*

- I/We\* hereby hereby instruct you to process BO's instructions to debit my/our\* account.
- You are entitled to reject the BO's 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.
- 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 Methodist Welfare Services.

**Company Stamp / Signature(s) / Thumbprint(s)\***  
 (as in bank's record)  
*For thumbprint verification, please visit your bank with your identification documents*

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

**For MWS' Completion**

<b>Bank</b>	<b>Branch</b>	<b>MWS Account No.</b>
7 1 7 1	0 3 3	0 3 3 0 1 6 5 6 9 2
<b>Bank</b>	<b>Branch</b>	<b>Account No. To Be Debited</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>MWS Customer Reference No.</b>		
<input type="text"/>		

**For Bank's Completion**

**To: Methodist Welfare Services**

**This application is hereby rejected for the following reason(s)** (please indicate)

Signature/Thumbprint\* differs from the Bank's records

Amendments not countersigned by Customer

Account operated by signature/thumbprint\*

Signature/Thumbprint\* incomplete/unclear\*

Wrong account number

Others: \_\_\_\_\_

**Name of Approving Officer:** \_\_\_\_\_

\_\_\_\_\_  
 Authorised Signature Date

**NOTE:**

- Please be assured that your personal information will be kept strictly confidential except that Methodist Welfare Services ("MWS") may collect, use and disclose your personal data for the purposes of:
  - Administering your donations to MWS (including without limitation, disclosing to IRAS for tax deduction purpose);
  - Communications pertaining to your donations; and
  - Communicating and updating you on other charity initiatives or related activities including soliciting donations and volunteers for activities or programmes organised by MWS or other charitable organisations.
- By submitting this form, you hereby consent to MWS collecting, using and disclosing your personal data for the purposes set out above.