

**DONATION FORM  
(INDIVIDUAL)**

Donor's full name: Dr / Mr / Mdm / Ms

Address: \_\_\_\_\_  
\_\_\_\_\_ Postal: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact no: \_\_\_\_\_

Organisation to donate to: Fei Yue Family Service Centre / Fei Yue Community Services \*

Purpose of donation: \_\_\_\_\_

Date of donation: \_\_\_\_\_

Amount of donation: S\$ \_\_\_\_\_ Payment Mode: Cash /Nets / Cheque\*

*\*Please delete where appropriate*

Request for Tax Deductible Receipt:  Yes  No

If Yes, please provide your NRIC No:

NRIC No. : \_\_\_\_\_

**Consent:**

*Please tick where appropriate:*

1. I allow my name to be published in your agency's Annual Report, website and other publications as a form of acknowledgement.  Yes  No
2. If there are balance funds not used up for the selected programme, I agree that it can be channelled to another programme without informing me.  Yes  No

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

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

*The information collected above will be used for receipt issuing, record keeping and for future correspondence with donors. To opt-out of receiving future correspondences from Fei Yue, please email us at [admin@fycs.org](mailto:admin@fycs.org).*