



ST. ANDREW'S  
AUTISM CENTRE

## G.E.M. PROGRAMME GIRO DONATION FORM

### Part 1: For Donor's Completion

Name of Donor/Organisation	
NRIC/UEN No.	
Address	
Mobile Number	
Email Address	

All donations of \$10 and above are eligible for a 2.5 times tax deduction. To qualify for tax deduction, please provide your full name or your organisation name and NRIC/FIN/UEN number. Tax deduction will be automatically reflected in your annual tax assessment.

**Amount:** ☐ \$50 per month ☐ \$200 per month ☐ \$500 per month ☐ Other Amount: \$ \_\_\_\_\_ per month

I consent to be acknowledged on SAAC publications.

☐ Yes

☐ No

To (Name of bank):	Branch:
Bank account number:	Name of account holder:
Monthly deduction from / (mm/yy) to / (mm/yy)	

### Name of Billing Organisation: St. Andrew's Autism Centre

- I/We hereby instruct the Bank to process the instruction from St. Andrew's Autism Centre to debit my/our account.
- The Bank is entitled to reject St. Andrew's Autism Centre's debit instructions if my/our account does not have sufficient funds and charge me/us a fee for this. The Bank may also allow the debit even if this results in an overdraft on my/our account and imposed charges accordingly.
- This authorisation will remain in force per the duration period indicated above, or until it is terminated by the Bank's written notice sent to my/our address last known to the Bank, or upon the Bank's receipt of my/our written revocation through St. Andrew's Autism Centre.

Signature(s)/Thumbprint(s)\* as in bank record

\*Please approach the branch with your identification for thumbprint(s)

Date

### Part 2: For St. Andrew's Autism Centre's Completion

### Part 3: For Bank's Completion

Bank	Branch	SAAC A/C No.
7 1 7 1 0 0 3	0 0 3 9 3 2 0 1 2 4	
Bank	Branch	Donor's A/C to be Debited
Donor reference no.		

#### For bank's official use only

To: St. Andrew's Autism Centre

This application is hereby APPROVED/ REJECTED\*.

- ☐ Signature/thumbprint\* differs from financial institution's records
- ☐ Signature/thumbprint\* incomplete/unclear
- ☐ Account operated by signature/thumbprint\*
- ☐ Amendments not countersigned by customer
- ☐ Wrong account number
- ☐ Others: \_\_\_\_\_

\*Please delete where applicable

In our efforts to go green, only a consolidated yearly statement receipt will be mailed to you.

By submitting this donation form, you fully understand and consent to our use and disclosure of your personal data for the purposes of processing donations, performing donor relations activities, carrying out fundraising appeals and events, sending marketing communications materials and submission of donation data to IRAS for tax-deduction computation. If you wish to unsubscribe from our marketing materials, please send an email to giving@saac.org.sg.

Please do not glue here

Please glue here

Please glue here

1. Please print using the “double-sided” settings on 80gsm (or above) plain white paper.
2. Please fill up all the necessary information.
3. Before gluing, please fold the envelope along the dashed lines with the address facing the front.
4. Please glue all the areas stated “Please glue here,” so all sides and edges are completely sealed.
5. Please do not staple.
6. Please drop this sealed envelope into the post box.

Step 1. Please fold along this line.



**ST. ANDREW'S  
AUTISM CENTRE**

**BUSINESS REPLY SERVICE  
PERMIT NO. 09631**



**ST. ANDREW'S AUTISM CENTRE**  
Donor Management and Philanthropy Department  
1 Elliot Road  
Singapore 458686

Postage will be  
paid by  
addressee. For  
posting in  
Singapore only.

Step 2 Please fold along this line.

**( This side faces out )**