

SINGAPORE RED CROSS SOCIETY

15 Penang Lane, Red Cross House, Singapore 238486 Tel: 6664 0500 | Website: www.redcross.org.sg

CREDIT CARD AUTHORISATION FORM

Section 1: Donor Details (All fields are mandatory)			
Name (Dr/Mr/Mrs/Ms/Mdm) : NF (In BLOCK LETTERS, please <u>underline</u> your surname)		RIC / FIN / UEN No:	
Address:			
Postal Code:	Date of Birth:		
Organisation:	Occupation:	Email:	
H/P No:	Home No:	Office No:	
Section 2: Credit Card Au (Please tick accordingly) Monthly Gift: S\$30	s\$40 S\$50 Others: S\$	One Time Gift: S\$	
Name of Bank:		Expiry Date (MM/YY):	
Credit Card no: (Visa / Mas	ter / Diner):		
I allow my personal da Singapore Red Cross for the p		pondences through voice call, SMS text and/or email b	
DONOR SIGNATURE ACI	KNOWLEDGEMENT		
Authorisation. I also agree th	nat my particulars can be used by Singap administration of this donation. For termi	and understood the Terms and Conditions governing thing ore Red Cross Donor Programme and its appointed nation, please write to Singapore Red Cross at Red	
	s local humanitarian work will receive a 2.5 partment at 6664 0500 or fundraising@redo	times tax deduction. For more information, please cross.sg.	
(Donor's signature as in bar	nk's records)	(Date)	

For thumbprints, please go to the branch with your identification