

DONATION FORM

ALL PERSONAL INFORMATION ARE CONFIDENTIAL

Name: Prof, Dr, Mr, Mrs, Mdm, Ms _____

Address: _____

_____ Singapore _____

Date of Birth: _____ NRIC No: _____ Gender: Male Female

Hp Contact: _____

Email: _____

(Please provide personal email address)

_____ Date _____

Signature

For Corporate Membership

Nominee Name: Prof, Dr, Mr, Mrs, Mdm, Ms _____

Designation: _____

Company Name: _____

Company Reg. No: _____ Please attach name card

_____ Date _____

Signature of Corporate Member & Company Stamp

I would like to donate: \$50.00 \$100.00 \$ _____

Issue Receipt in the name of: _____

NRIC # / Company Registration No: _____

Cheque must be crossed and made payable to: **National Arthritis Foundation**

Bank Cheque No: _____ Bank Transfer to Maybank 04211107334 SGD
Please indicate (Name – Donation)

All donations are Tax Deductible

Thank you