



**DONATION FORM
(CORPORATE)**

Full Name of organisation: _____

Name of contact person: 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:

Yes

No

If Yes, please provide your company's ROC No:

ROC No. : _____

Consent:

Please tick where appropriate:

1. I allow my organisation's 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 Authorised Person

Company Stamp

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.