

**RELAY FOR LIFE
CREDIT/DEBIT CARD DONATION FORM**

Donor's Details

Mr / Mrs / Ms / Mdm / Dr Given Name: _____
 Middle Name: _____ Last Name: _____
 NRIC/FIN#*: _____ Date of Birth: _____ Sex: M/F
 Address: _____
 Postal Code: _____ Email Address: _____
 Contact: (H) _____ (O) _____ (HP) _____

*Please include your NRIC/FIN#/UEN for auto-inclusion in our tax exemption filing.

Please fax, mail or email (rfi@singaporecancersociety.org.sg) the completed donation form to us.

I Would Like to Make a:

Donation of: S\$10 S\$20 S\$50 S\$100 Others: _____

(Please note that we do not accept American Express Card)

Credit Card No:

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Issuing Bank: _____ Name on Card: _____

Visa MasterCard Expiry Date

M	M	Y	Y

Your kind contribution to SCS is greatly appreciated and we would like to acknowledge your support in our publications. Please check this box if you do not wish to be acknowledged in this manner.

Donor's Signature Acknowledgement

Donor's Signature

Date

I consent to allow Singapore Cancer Society ("SCS") to collect, use, disclose and/or process my personal data in order to process, administer, facilitate, maintain and/or manage my relationship with SCS as a member, volunteer, programme participant, beneficiary and/or donor ("Purpose"), including communications on SCS' activities, programs and services and donation requests; carrying out research, analysis and development activities for SCS' purposes; and making disclosures required by law or a competent authority. SCS may disclose my personal data to its third party service providers and/or agents, which may be sited outside of Singapore, for the above Purpose.