

DIRECT DEBIT DONOR PROGRAMME - Authorisation Form for Changes

Kindly complete the form below, email (fund_raising@singaporecancersociety.org.sg), fax or post it to us. If you wish to make any changes to or terminate your donation, please send an email to fund_raising@singaporecancersociety.org.sg with at least 30 days' notice. Thank you for your continued support.

Stakeholders Management Department
Singapore Cancer Society

 CHANGE OF DONATION DETAILS* (Please note that we do not accept American Express Card)

I hereby agree to continue my Direct Debit donations to Singapore Cancer Society (SCS) using the following credit/debit card and donation arrangement.

Name On Credit/Debit Card: _____

Credit/Debit Card No.*: _____ Expiry Date (MM/YY):

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Current Amount: S\$ _____ /every month/Others (pls specify): _____

New Amount (Note: Minimum S\$5/month): S\$ _____ /every month/Others (pls specify): _____

Effective from (MM/YY):

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**Please fill in your credit/debit card details even if you have not changed your credit/debit card.*

 NEW ADDRESS/EMAIL ADDRESS/PHONE NUMBER*

Please update my new address/email address/phone number(s) with immediate effect.

New Address: _____

Email Address: _____

Home Phone No. _____ Office Phone No. _____ Mobile Phone No. _____

Your kind contribution to SCS is greatly appreciated and we would like to acknowledge your support in our publications. Please indicate your preference to be acknowledged:

Yes No

Donor's Given Name: _____

Surname: _____ **Signature:** _____

NRIC/FIN#: | X | X | X | X | X | | | ■ | **Date:** _____