

## Donation Form

I wish to offer my help to fund HWA's programmes and services for the benefits of your beneficiaries, by pledging this amount\*:

- ☐ \$50  
☐ \$250  
☐ \$500  
☐ \$1000  
☐ Other amounts: \$ \_\_\_\_\_

\*Please do not send cash through post.

### Giving by Credit Card:

Please charge this amount to my Visa ☐ / MasterCard ☐ / AMEX ☐

Credit Card number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Card expiry date: \_\_\_\_ - \_\_\_\_ (MM-YYYY)

- ☐ One-time donation  
☐ Recurring monthly donation

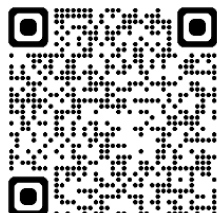
\_\_\_\_\_  
Signature

### Giving by cheque:

Please make your cheque payable to **HWA**

Enclosed is our Bank / Cheque Number: \_\_\_\_\_ \$ \_\_\_\_\_ Dated: \_\_\_\_\_

☐ Giving by QR Code: Giving.sg Camp



Ref: HBFA 2024 -2025

☐ PayNow UEN: S69SS0057J



Under **UEN/Bill Reference No.**, enter your "**NRIC/UEN Number**" [Max 25 characters] for issuance of tax deductible receipt.

### For tax exemption, please fill in your particulars as follow:-

Full Name/Organisation Name: \_\_\_\_\_

NRIC/UEN: \_\_\_\_\_ Contact person (for organisations): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Singapore \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Signature/Company Stamp

\_\_\_\_\_  
Date

Information provided in this form will only be used for the administration of the donation, please refer to HWA's personal data protection policy at: <https://hwa.org.sg/privacy-policy/>

**Thank You for uplifting the lives of persons with physical disabilities.**