



Parkinson Society Singapore

Donation Form

Donor's Details:

Mr/Mrs/Ms/Mdm/Dr : _____

NRIC/FIN#*: _____ Date of Birth: _____ Sex: M/F

Company: _____

Contact Person: _____ UEN#*: _____

Address: _____

_____ Postal Code: _____

Contact: (Res) _____ (O) _____ (HP) _____

Email Address: _____

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

Donation Details:

Donation of \$ _____

By Cash

By Cheque (Cheque made payable to "Parkinson Society Singapore" and mail to:
Parkinson Society Singapore
Block 191, Bishan Street 13, #01-415,
Singapore 570191

By Credit Card Credit Card No: _____ Expiry Date _____
(Visa/Mastercard Only)

Donor's Signature/Date: _____ Company Chop (if applicable) _____

Your kind contribution to Parkinson Society Singapore is greatly appreciated and we would like to acknowledge your support in our publications. Please mark the box if you do not wish to be acknowledged.

I consent to allow Parkinson Society Singapore (PSS) to collect, use, disclose and/or process my personal data in order to process, administer, facilitate, maintain and/or manage my relationship with PSS as a member, volunteer, programme participant, beneficiary and/or donor, including communications on PSS' activities, programs and services; donation requests; analysis and development activities for PSS' purposes; and making disclosures required by law or a competent authority.