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BUSINESS REPLY SERVICE
PERMIT NO. 09231



AWWA LTD
9 LORONG NAPIRI
SINGAPORE 547531

ABOUT US

AWWA reaches out to people with disabilities, children, young adults, families and seniors within our communities.

We serve thousands of constituents each year. We have brought to the forefront the awareness of diverse issues: education for children with special needs; support for people with disabilities across generations; and family support services from birth to ageing populations.

At AWWA, we are **People giving to People** within our communities. We put people first and foremost in everything that we do in achieving our mission to empower and to maximise their potential to lead dignified and independent lives.

AWWA LTD
9 LORONG NAPIRI
SINGAPORE 547531

☎ 6511 7394

✉ giving@awwa.org.sg

🌐 www.awwa.org.sg

📘 www.facebook.com/awwaSG




AWWA
PEOPLE GIVING TO PEOPLE

Disability Support | Education & Development | Family & Caregiver Support | Health and Senior Care


AWWA
PEOPLE GIVING TO PEOPLE

We serve to be the leading advocate to:

Educate children and youth with special needs

Prepare people with disabilities to live more independent lives

Advocate, educate and support caregiving families.

Enable seniors to age actively.

Provide life enhancing services in support of families.

Build inclusive communities through education and equipping the general public about special needs.

PERSONAL PARTICULARS

Name Dr/Prof/Mdm/Mr/Ms/(As in NRIC)* _____

NRIC* _____

Address* _____

_____ Postal Code _____

Contact* (H) _____ (O) _____

(M) _____

Email* _____

Date of Birth (DDMMYY) _____

*Mandatory for tax exemption

MY DONATION

☐ One Time ☐ Monthly ☐ Yearly

Amount to be deducted monthly from my account

☐ \$150 ☐ \$100 ☐ \$50

DONATION PAYMENT MODE

1. Credit Card (Please visit www.awwa.org.sg to donate)
2. Cheque (Cheques can be issued to "AWWA LTD")
3. DBS PayLah (Download the app for your mobile)
4. GIRO (Please complete the form below)

FOR DONORS COMPLETION

Name of Bank _____ Branch _____

Bank Holder Name _____

Bank AC Number _____

Name of Billing Organization AWWA LTD

Payment limit (max amount deducted per transaction) _____

☐ I agree and consent that the personal data I am requested to provide in the forms are collected and can be used by AWWA Ltd for purposes of tax exemption filing, updates from AWWA, audit purposes and meeting any other legal and regulatory obligations. I agree that this data may be used, disclosed or otherwise processed accordingly.

I understand that the AWWA Data Protection Policy and option to withdraw my consent given set out in this undertaking is available on AWWA corporate website.

glue all sides firmly

INSTRUCTIONS TO BANK

(a) I/We hereby instruct you to process AWWA's instructions to debit my/our account

(b) You are entitled to reject AWWA's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impost charges accordingly.

(c) This authorization will remain in force until terminated by your written notice sent to my/our address last know to you or upon receipt of my/our written revocation through AWWA.

Donor's Signature(s)/ThumbPrint _____

Date _____

* (As in Financial Institution's Record)

* For thumbprint(s), please go to the branch with your identification.

FOR OFFICIAL USE

AWWA Acct. No.: 7171-003-0039297866

Donors Reference No.:

FOR FINANCIAL INSTITUTION

To: AWWA Ltd

This application is hereby REJECTED for the following reason(s) (please tick ✓)

- ☐ Signature/Thumbprint # differs from Financial Institutions records
- ☐ Signature/Thumbprint # incomplete/unclear
- ☐ Account operated by signature/thumbprint #
- ☐ Wrong account number
- ☐ Amendments not countersigned by customer
- ☐ Others:

Name of Approving Officer

Authorised Signature and Stamp of financial Institution

Date

Please delete where applicable

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