



SINGAPORE RED CROSS SOCIETY

INCORPORATED BY ACT OF PARLIAMENT SINGAPORE RED CROSS SOCIETY (INCORPORATION) ACT (CHAPTER 304)
PATRON - HIS EXCELLENCY THE PRESIDENT OF SINGAPORE

Singapore Red Cross 75th Anniversary Benefit Gala
2nd November 2024 (Saturday)
Shangri-La Singapore, Island Ballroom

REPLY FORM

To: Chairperson, Singapore Red Cross 75th Anniversary Benefit Gala
Singapore Red Cross
15 Penang Lane
Singapore 238486

Attention : Secretariat, Resource Development / Fundraising
Contact No. : 6664 0500
Email Address : events@redcross.sg

A) DONATIONS

Please tick the appropriate box(es)

- 1) My organisation / I would like to make a donation and attend the Singapore Red Cross 75th Anniversary Benefit Gala (***Donations will enjoy 2.5x Tax Deduction***)

Per Table (of 10 pax)	No. of Tables / Seats	Total (S\$)
S\$20,000		
S\$10,000		
S\$6,000		
Grand Total		

(Table allocation will be based on first pay first served)

- 2) We/I would like to make an outright cash donation of S\$ _____
(***Donations will enjoy 2.5x Tax Deduction***)

- 3) My organisation / I would like to take up raffle draw tickets, at \$100 per sheet (with 5 raffle draw chances) or \$1,000 per booklet (of 10 sheets).

Qty: _____ (sheet) _____ (booklet)

B) PAYMENT METHOD

Please indicate "SRC 75th Anniversary Benefit Gala" as payment reference.

Cheque

I am pleased to enclose my cheque of _____
(Amount / Bank / Cheque No.)

** Please make cheques payable to "Singapore Red Cross Society"*

Credit Card

I am pleased to enclose my credit card details

Name on Credit Card: _____

Bank: _____ Card Expiry Date (MM/YYYY): _____ Card CVV No.: _____

Card Number (Visa / Master only):

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PayNow

I am pleased to enclose my transaction amount of _____

** Please make PayNow transfer to Singapore Red Cross Society*

UEN: S86CC0370EFR1

Bank Transfer

I am pleased to enclose my transaction amount of _____

** Please make Bank Transfer to Singapore Red Cross Society*

< DBS Bank Ltd, account number 0010077236 >

DONOR'S PARTICULARS

** Tax deduction benefits which will be accorded to NRIC or UEN indicated*

* Full Name (Dr/Mr/Mrs/Ms/Mdm): _____ *NRIC: _____

* Company Name (if applicable): _____

* UEN Number (if applicable): _____ Designation: _____

Contact Person: _____ Contact Number: _____ Email: _____

Address: _____ S (_____)

Signature

Date