

YOUR GIFT HELP CHANGE LIVES!



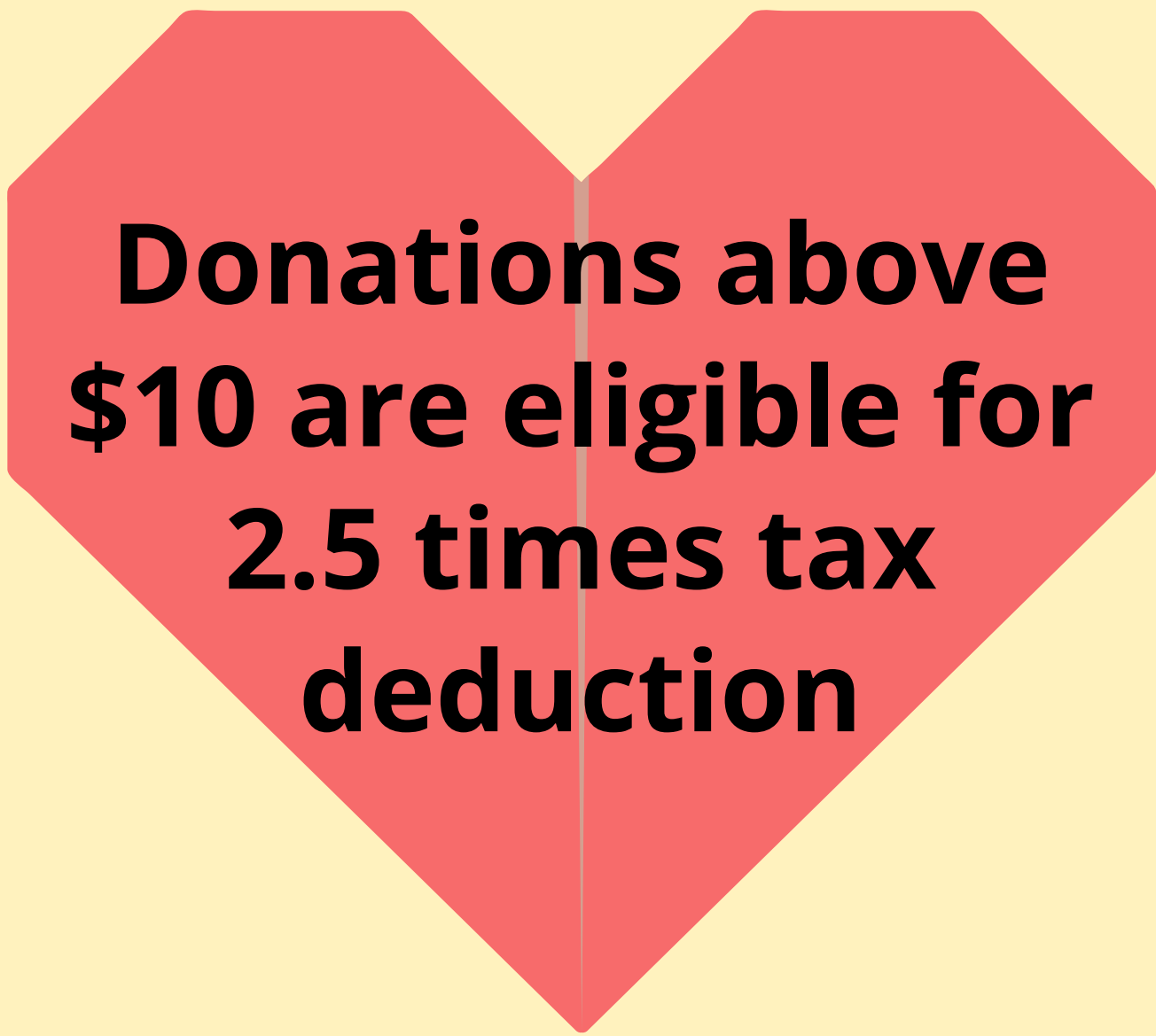
Loving Heart Multi-Service Centre (Jurong) was officially opened on 4th December 2004 by Mr Lim Boon Heng, Former Minister, Prime Minister's Office and MP for Jurong GRC.

Our Objectives:

- We strive to help less fortunate residents and students, who formed the core of our service users, through meaningful programmes and activities.
- To fulfil our service users' changing and emerging needs, we work closely with community partners, such as schools, social service agencies, and grassroots organizations.
- We offer our best to help uplift the service users and enhance the learning experience of students who require mentorship and additional support to realize their full potential.



Yes, I want to give!



A. Personal Particulars 个人资料

Name/Company Name 姓名/机构名字: _____

NRIC/FIN/UEN No. 身份证/机构识别号码: _____

Address 地址: _____

Contact No. 联络号码: _____

Email 电邮: _____

B. I would like to make a Donation 我要捐款

<input type="checkbox"/> Monthly 按月捐款	•	<input type="checkbox"/> One-time 一次捐款
<input type="radio"/> \$200 <input type="radio"/> \$100 <input type="radio"/> \$50	•	<input type="radio"/> \$200 <input type="radio"/> \$100 <input type="radio"/> \$50
<input type="radio"/> Other amount: \$ <input type="text"/> .00	•	<input type="radio"/> Other amount: \$ <input type="text"/> .00

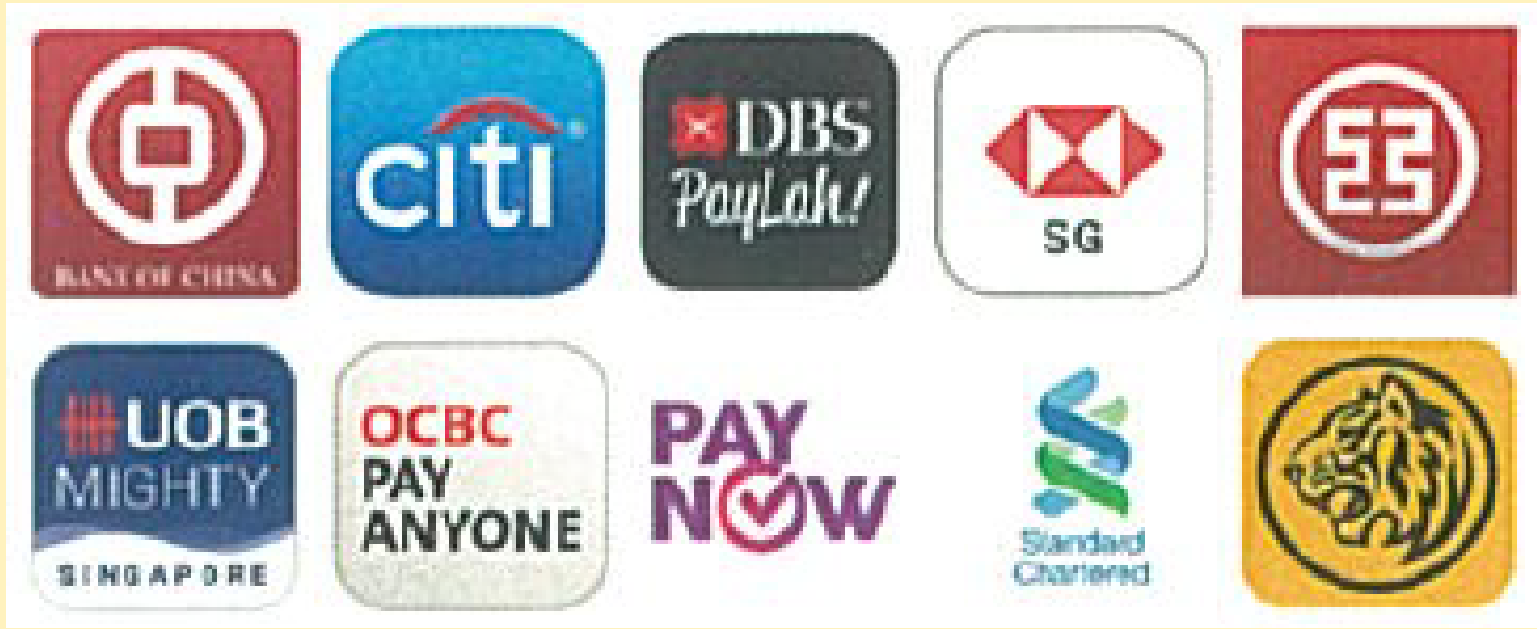
For **monthly contribution**, please fill up **C3 (GIRO Form)**.
按月捐款，请填妥C3(财路捐款表格)。

C. Payment Mode 捐款方式

C1. ☐ **Cheque 支票**
Cheque Number 支票号码: _____
**Please make payable to "Loving Heart Multi-Service Centre (Jurong)"*

C2. ☐ **Online Payment 网上支付**

- Download any of these apps:



- Scan here to donate



C3. Monthly GIRO Donation Form 每月财路捐款表格

Part 1: For Application's Completion (Please in the space indicated with √)

Date: _____ ✓

Name of Billing Organisation ("BO")
LOVING HEART MULTI-SERVICE CENTRE (JURONG)

To: My/Our ("Bank")
_____ ✓

Billing Organisation's Customer's Reference No:

Payment limit (Maximum amount to be deducted per transaction):
☐ \$50 ☐ \$100
☐ \$200 ☐ Other \$ _____ ✓

(a) I/We hereby instruct the Bank to process the BO's instructions to debit my/our account.
(b) The Bank is entitled to reject the BO's debit instructions if my/our account does not have sufficient funds and charge me/us a fee for this. The Bank may also at its discretion allow the debit even if this results in an overdraft on the account and impose charges.
(c) This authorization will remain in force until (i) the Bank's written notice sent to my/our address last known to Bank; (ii) upon the Bank's receipt of my/our written revocation; or (iii) upon the Bank's receipt of the notice of expiry from the BO.

My/Our Name(s) as in Bank Account:
✓ _____

My/Our Contact (Tel/Fax) Number(s):
✓ _____

My/Our Bank Account Number:
✓ _____

My/Our Signature(s)/Thumbprint(s)*:
✓ _____

Part 2: For Billing Organisation's Completion

SWIFT BIC	Billing Organisation's Account No	Billing Organisation's Customer Ref No.
OCBCSGSG	501-887947-001	

SWIFT BIC	Account No. To Be Debited

Part 3: For Financial Institute's Completion

To: BILLING ORGANISATION

This Application is hereby REJECTED (Please tick √) for the following reason (s) :

☐ Signature/thumbprint# differs from Financial Institution's 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

Date

*For thumbprints, please go to the branch with your identification.

#Please delete where inapplicable.