

Levels of Donation:

RISE INITIATIVE

Resource. Influence. Support. Engage. PSALT Care's Mental Health Advocacy & Fundraising Campaign



DONOR REPLY FORM

The RISE Initiative is the fundraising and advocacy campaign of PSALT Care which aims to rally philanthropists, advocates and benefactors to support mental health and recovery. Each year, our charity supports over 850 members/peers in their recovery journey. Your support will double its impact as the RISE Initiative is approved for **dollar-for-dollar matching** by Tote Board and the Government until 24 October 2024.

Supporter: \$500 to \$2,499 Advocate: \$2,500 to \$9,999	Ambassador: \$10,000 to \$29. Benefactor: \$30,000 and abo		ount)	
	DU FOR YOUR GENEROSITY! PLEASE (•	,	
DONATION INFORMATION (Please '		COM LETE THIS FORM AND	THAIL/LIMIL II DAC	K 10 05
		.00\$5,000	\$10,000	Others:
Frequency: One-Time	MonthlyQuarterly	Semi-Annually	Annually	
DONOR PARTICULARS NRIC Name/Company Name (in block	letters): (Prof/Dr/Mr/Mrs/Ms/Mdm)			
NRIC/FIN/UEN: (Required for tax ded	uction receipt purposes)			
Mailing Address:Postal Code				
Donor Contact Number:	Email:			
Contact Person (for Corporate Donat	ion): (Dr/Mr/Mrs/Ms/Mdm)			
Designation/Department:		Contact Details:		
DONATION MODE (Please '✓' as ap Cash (We will contact you to arr	propriate) ange for the collection of the donation amou	nt)		
PayNow/Bank Transfer (UEN: 2	01401059R. OCBC 686 375239 001. Plea	se indicate "RISE and NRIC Numb	oer or UEN" under Refere	ence)
10 Sinaran Drive, #11-16 Novena M	ole to "PSALT CARE LTD". Please indicate "RI! ledical Center, S307506) Cheque N um Donation: \$10 (Please complete Part 1 s	umber:		
Debit/Credit Card	Card Number:			
Name on Card:	Expiry Date:			
Authorised Signature(s):		Date :		
Governance for Charities and IPCs. D receipts will not be issued unless up out in this form, you consent to the c	Public Character (IPC) status, PSALT Care is onations of at least \$50 qualify for 2.5 times t on written request by donors. Please complet collection, use and disclosure of your persona s. For any queries, please call 6797 7289 or	ax deduction and will be automat te the information in this form to I data to relevant third parties for	ically included in your tax facilitate the auto-inclusion r purposes reasonably re	assessment by IRAS. Tax deduction on. By providing the information set
	PART 1: GIRO DONATION F	ORM (FOR DONOR'S COMF	PLETION)	
Name of Bank:		Branch:		
Bank Account Name:		Bank Accoun	t Number:	
Billing Organisation: PSALT CARE LTI	O (Bank Ac Number: OCBC 686 375239 001)		
b. You are entitled to reject the B	ocess PSALT CARE LIMITED's instructions to d O's debit instruction if my/our account does on force until terminated upon receipt of my/ou	not have sufficient funds and cha		
Signature(s)/Thumbprint(s)/Company Stamp (as in bank records):			Date:	
	PART 3: FOR FINANCIA	AL INSTITUTION'S COMPLET	ΓΙΟΝ	
This application is hereby REJECTED Signature/Thumbprint differs fror Signature/Thumbprint incomplete		nere inapplicable) Wrong account number Amendments not countersi Other reason(s):		
Name of Approving Officer	Authorise	Authorised Signature		Date