



# ADOPT A LIMITED EDITION TEDDY BEAR\*

**FPAS**  
FINANCIAL PLANNING  
Association Of Singapore



If you wish to support the Palliative & Hospice patients of Assisi Hospice, join as a monthly donor now. Adopt Teddy with a sign up of \$20 monthly donation by GIRO or Credit Card for six months or more. Please complete the form below and mail to: Assisi Hospice, Teddy Bear, 820 Thomson Road, Singapore 574623. *\*while stocks last.*

## Donor Particulars

Name: \_\_\_\_\_ Mr/Mrs/Ms/Mdm  
NRIC/FIN: \_\_\_\_\_

## Corporate Details

Co. Name: \_\_\_\_\_  
ROB/ROC No: \_\_\_\_\_

## Address Details

Contact person (if Corporate): \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Code \_\_\_\_\_

Tel: Office \_\_\_\_\_ HP \_\_\_\_\_  
Email: \_\_\_\_\_  
Please  send /  do not send a tax-deductible receipt

## By Cheque

One time for teddy bear is **\$120** Other Amt: S\$ \_\_\_\_\_  
 Cheque payable to 'ASSISI HOSPICE'

## By Credit Card

Credit Card: Visa  Mastercard   
One Time S\$120  Monthly  Yearly  Amt: S\$ \_\_\_\_\_  
Credit Card No: \_\_\_\_\_  
Expiry Date: \_\_\_\_\_ (month) \_\_\_\_\_ (year)

## By Giro

Name of Bank: \_\_\_\_\_  
Branch: \_\_\_\_\_  
Name(s) as in bank records: \_\_\_\_\_  
Bank A/C number: \_\_\_\_\_  
Deduction from \_\_\_\_\_ (month) \_\_\_\_\_ (year)  
Name of billing organisation: **Assisi Hospice**

.....  
Signature as in bank's record \_\_\_\_\_ Date \_\_\_\_\_

## For Assisi Hospice Completion

Bank 7339	Branch 501	Assisi Hospice Acc No. 738017001
Acc No. to be debited		
.....		
Donor's Reference No.		
TB09 -	.....	

*Instructions to Bank*  
• Please debit my/our bank account accordingly.  
• */ / We hereby instruct you to process Assisi Hospice instructions to debit my/our account.*  
• *You are entitled to reject Assisi Hospice debit instructions 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 impose charges accordingly.*  
• *This authorisation will remain in force throughout the deduction period stated, or until it is terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through Assisi Hospice.*

.....  
Signature as in bank's record \_\_\_\_\_ Date \_\_\_\_\_

## FOR FINANCIAL INSTITUTION'S COMPLETION (FOR GIRO APPLICATION)

To: **ASSISI HOSPICE** 820 Thomson Road Singapore 574623

This application is hereby rejected (please tick ) for the following reason/s:

- |   |   |
|---|---|
| <input type="checkbox"/> Signature/ thumbprint# differs from bank's records | <input type="checkbox"/> Wrong account number                     |
| <input type="checkbox"/> Signature/ thumbprint# incomplete/ unclear#        | <input type="checkbox"/> Amendments not countersigned by customer |
| <input type="checkbox"/> Account operated by Signature / thumbprint#        | <input type="checkbox"/> Others: _____                            |

.....  
Name of approving officer

.....  
Authorised signature

.....  
Date

Please tick  where applicable \* For thumbprints, please go to the branch with your identification \_\_\_\_\_ Please delete where applicable

For more information please email: [ronita\\_paul@assisihospice.org.sg](mailto:ronita_paul@assisihospice.org.sg)