

我们可以共同确保他们的饭碗不再是空着的。

365 days, 2 meals

Together, **We** can ensure their bowl is never empty



太和觀 THK

Your kind donations makes the difference...

Fold in

Postage will be paid by addressee. For posting in Singapore only.

BUSINESS REPLY SERVICE
PERMIT NO. 03977



THYE HUA KWAN MORAL CHARITIES

Bras Basah Post Office
Locked Bag Service No. 2
Singapore 911886

每年免费送餐包
more than

375,000

meals served yearly





德教太和观恳请您参与此富有意义的慈善行动

THYE HUA KWAN MORAL CHARITIES SINCERELY INVITES YOU TO HELP IN THIS WORTHY CHARITY PROJECT

我愿意乐捐! Yes! I wish to donate.

捐款数目 DONATION AMOUNT

- 我乐意捐助\$5
I am delighted to donate \$5
- 我想一次捐\$ _____
I wish to make a **one time** donation of \$ _____
- 我想每月捐\$ _____
I wish to make a **monthly** donation of \$ _____

扣税条例 TAX EXEMPTION REGULATIONS

您的捐款将获得扣税。
Your donation is eligible for tax exemption.

请填写您的登记号码 / 客工号码 / 公司注册号码及资料以方便向国内税务局申请所得税回扣。

If you wish to claim tax exemption, please fill in your NRIC / FIN / UEN number and particulars for automatic tax deduction by **Inland Revenue Authority of Singapore (IRAS)**.

登记号码 NRIC No. / FIN.*

字母 Ref. 男 Male

公司注册号码 Registration No. / UEN*

女 Female

姓名 Name _____

地址 Address _____

邮区 Postal Code

联络号码 Phone Contact

电邮 Email _____

* 呈交给国内税务局

* For submission to **Inland Revenue Authority of Singapore (IRAS)**

捐款方式 DONATION DETAILS

现付上划线支票于“**THYE HUA KWAN MORAL CHARITIES LIMITED**”
Enclosed is my crossed-cheque payable to:
“**THYE HUA KWAN MORAL CHARITIES LIMITED**”

支票号码
Cheque No. _____

银行 / 分支
Bank / Branch _____

信用卡
Credit Card

CVC VISA Mastercard Amex Diners

卡上姓名
Name on card _____

截止日期
Expiry Date 月 MM 年 YY

其他 OTHERS

我想每月捐助，请把财路表格寄给我
I wish to make a monthly donation through GIRO, please send me a Giro Authorisation Form

In compliance with the Personal Data Protection Act 2012 (PDPA), I hereby give consent to Thye Hua Kwan Moral Charities to collect my personal data and contact information (as declared) and the data collected may be used and disclosed for the purposes of issuing tax exempt receipts, mailing of thank you cards / letters, and other related donor management activities.

I am aware that I can withdraw this consent by emailing to THK at thkmc-hq@thkmc.org.sg

签名
Signature: _____

日期
Date: _____