Society for the Physically Disabled

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Monthly Contribution Through Credit Card Donation Form

Name (Dr/Mr/Mdm/Ms):_____

NRIC No.:_____

(Please fill in your name and NRIC no. for automatic tax deduction.)

Date of Birth:_____

Address:_____

_____

Tel:_____**(H)**_____**(O)**_____**(HP/Pg)**

E-mail:_____

Yes, I am pleased to make a monthly contribution of the following amount: (please ✓)

☐ **$5** ☐ **$10** ☐ **$20** ☐ **$30** ☐ **$50** **$** _____ **Other amounts (*Please indicate*)**

Please deduct amount from my Visa / MasterCard Number

_____ _____

Signature *Expiry Date*