

Yes! I want to donate <input checked="" type="checkbox"/>		Amount (\$):	
Name / Company Name: <i>(Dr/Mr/Mrs/Mdm/Ms)</i>	<input type="checkbox"/> Visa/Master Card No:	<u>Signature:</u>	
NRIC / FIN / UEN:	Card Expiry Date (mm/yy): /		
Address:	<input type="checkbox"/> Bank/Cheque No: <i>(Payable to Leukemia and Lymphoma Foundation)</i>		
Contact No:	<input type="checkbox"/> Please send a GIRO Form	<input type="checkbox"/> Please send a Receipt	
Email Address:	<input type="checkbox"/> I <u>do not</u> wish to receive any more appeal letters from you.		
Date:	<i>We thank you for your kind donations. To qualify for tax deduction for YA20, your donations should be credited to our bank before 1 January 2020.</i>		

**By submitting this donation form, I give consent to Leukemia & Lymphoma Foundation's collection, disclosure and use of my personal data for official purposes and in accordance with the Personal Data Protection Act 2012 (PDPA). I am aware that I can withdraw this consent by emailing to Leukemia & Lymphoma Foundation at service@llf.org.sg*