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|--|---|--------------|--|
| <b>Yes! I want to donate</b> <input checked="" type="checkbox"/> |   | Amount (\$): |  |
| Name / Company Name:<br><i>(Dr/Mr/Mrs/Mdm/Ms)</i>                | <input type="checkbox"/> Visa/Master Card No:   | Signature:   |  |
| NRIC / FIN / UEN:  | Card Expiry Date (mm/yy):<br>/  |              |  |
| Address:   | <input type="checkbox"/> Bank/Cheque No: <i>(Payable to <b>Leukemia and Lymphoma Foundation</b>)</i>  |              |  |
| Contact No:  | <input type="checkbox"/> Please send me a GIRO Form   |              |  |
| Email Address:   | <input type="checkbox"/> I <u>do not</u> wish to receive any more appeal letters from you.  |              |  |
| Date:  | 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. |              |  |

\*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](mailto:service@llf.org.sg)