## Migrant Workers' Assistance Fund Donation Form

HEADQUARTERS: MWC Recreation Club, 51 Soon Lee Road, Singapore 628088 HELP CENTRE: 579 Serangoon Road, Singapore 218193 Tel: +65 6536 2692 | Fax: +65 6292 5305 | Email: mwaf@mwc.org.sg



DONOR'S DETAILS					
Company Name:				Name (as per NRIC/FIN):	
Mailing Address:				Email Address:	
				Contract No	
Tax Reference No. (NRIC/FIN/UEN)				Contact No.:	
DONATION DESCRIPTION					
Please tick the payment mode:					
	Donate online	Giving.sg	sg <u>https://www.giving.sg/web/mwaf</u>		
		GIVE.asia	https://give.asia/charity	//migrant-workers-assis	tance-fund
	Bank transfer	Bank Name: Oversea-Chinese Banking Corporation Limited			
		Account No: 6415-861-77001			
		Swift Code: OCBCSGSGXXX Bank/Branch Code: 7339 / 641			
		Enter your contact no. and NRIC/FIN/UEN for our reference			
	Cheque	Cheque should be crossed and made payable to			
		MIGRANT WORKERS' ASSISTANCE FUND			
		Bank and Cheque No.			
Donation Amount (S\$)					
Do yo	u require a Tax-Deo	duction Receipt (TDR)?			YES / NO
• D	onation of S\$20 an	d above is eligible for TDR			(circle accordingly)
<ul> <li>TDR will be issued in the name stated under the Donor Inform</li> </ul>			er the Donor Information		
TDR will be mailed out after bank's clearance of cheque / receipt of fund and this completed					
form				•	
DECLARATION, ACKNOWLEDGEMENT AND CONSENT:					
By signing below, I consent to my personal data being collected, used and retained by the Migrant Workers' Centre (MWC) for the purposes of					
processing, administering and managing my donation to the Migrant Workers' Assistance Fund (MWAF), a charity fund established by the MWC					
and managed by a Board of Trustees. I further consent to disclose my personal data to authorised third parties for the latter to collect, use and retain my personal data for the purposes of processing and managing my donation to the MWAF. The MWAF was granted charity status on 3 May					
2012 under the Charities Act. I also consent to be contacted by MWC/MWAF via email, text messages, calls and/or post for matters relating to my					
donation to the MWAF. In addition, I acknowledge that the collection, use, retention and/or disclosure of my NRIC/FIN number is necessary to					
accurately establish my identity to a high degree of fidelity for the purposes of obtaining a Tax-Deductible Receipt for donations of S\$20 and above					
to the MWAF. Signature Date					
Signature				Date	
Please complete and mail this form to:					

Migrant Workers' Centre c/o Migrant Workers' Assistance Fund 579 Serangoon Road Singapore 218193