

捐款表格 Donation Form

姓名 Name: _____ (Dr./ Ven./ Mr./ Ms./ Mrs./ Mdm.)

电话 Contact No: _____ (R) _____ (Hp) _____ (O)

地址 Address: _____

_____ 邮区 Postal Code : _____

捐款数额/ Amount : \$ _____ 支票 Cheque No. : _____

我想参加每月一次的财路捐款，请寄给我财路捐款人申请表格。
Please send me GIRO donation form.

为配合慈善监管条例的执行，凡捐款人不愿公布姓名、宝号者，请在阁内打勾。
Those who do not wish to have their names appear in our donors listing, please tick this box.

划线支票请注明收款人为“药师行愿会”并寄至：

Kindly issue your crossed cheque in favour of

“Buddha of Medicine Welfare Society”

and mail it to :

11, Lorong 25 Geylang Singapore 388293

本着佛教慈悲喜舍精神，净化身心，关怀社会。感谢您的捐献！

For Official Use:

收到日期 Received Date : _____

收据号码 Receipt No.: _____

备注 Remarks:
