



药师行愿会

Buddha of Medicine Welfare Society

《愿海》助刊表格 The Vows Sponsorship 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. : _____

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.

根据新加坡《个人信息保护法令》，我在此允许药师行愿会收集我的个人资料，用于开发收据，邮寄信件、活动信息及募捐活动信息等。
In compliance with the PDPA ACT 2012, I hereby give consent to BMWS to collect my personal data and contact information and the data collected may be used and disclosed for the purpose of issuing receipts, mailing of letters and other related donor management activities.

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。谢谢您的捐献！

For Official Use:

收到日期 Received Date : _____

收据号码 Receipt No.: _____

备注 Remarks:
