Organised by : 主办方 In Support Of : 受益机构









<u>UNITE IN LION CITY TO INSPIRE THE WORLD THROUGH WUSHU</u> 相约狮城,武动世界

<u>THE 6[™] SINGAPORE INTERNATIONAL CULTURE FESTIVAL AWARDS DINNER 2024</u> 2024 年第六届国际文化节颁奖晚宴 Sunday 28th July 2024 2024 年 7 月 28 日

DONOR DECLARATION FORM

This is to confirm that the donation for the *6th Singapore International Culture Festival Awards Dinner 2024*, will be channeled to The Business Times Budding Artists Fund (BTBAF) managed by TRCL, The Straits Times School Pocket Money Fund (STSPMF) and New Hope Community Service.

谨此确认 2024 年第六届新加坡国际文化节颁奖晚宴的捐款将拨付《商业时报》绿苗艺术家基,由 TRCL 管理*,《海峡时报》学校零用钱基金,和新希望社区服务中心

A) Please tick the appropriate box(es).

1. My organisation / I would like to make donation and attend the Singapore Youth Culture and Arts Centre Charity Dinner **(Net donation will receive 250% tax-deduction after less the dinner expenses)**

| Categories | Price | No of Tables / Seats | Total (S\$) |
|-------------------|-------------------|-------------------------|-------------|
| Diamond Table 钻石桌 | S\$5,000 (10 pax) | | |
| PlatinumTable 铂金桌 | S\$3,000 (10 pax) | | |
| Gold Table 金桌 | S\$1,500 (10 pax) | | |
| Single Seat 单人座位 | S\$300 per pax | | |
| Grand Total | | | |

DONOR'S INFORMATION FOR TAX DEDUCTION (Please attach a list if there is more than one donor and indicate clearly the donation amount for each donor) 用于税款扣减的捐赠者信息(*如捐赠者不止一人,请附上名单,并清楚注明每位捐赠者的捐 赠金额*)

B) Payment Method

Cheque (payable to "Singapore International Wushu Cultural Centre Pte Ltd")

Bank and Cheque no.: _____ Mailing address for cheque donations: 181 Orchard Road, Orchard Central #10-01, Singapore 238899 Attention: Singapore International Wushu Cultural Centre

□ Bank Transfer (payable to "Singapore International Wushu Cultural Centre Pte Ltd")

Bank: UOB Bank Account: 335-307-3158

Please provide a screenshot of the transfer and send together with the donation form

| Credit Card: Mastercard () Visa () | | | |
|--|--------------------------------|---|--|
| Name of Cardholder: | | | |
| Credit Card Nu | mber : | Expiry Date : | |
| □ PAYNOW | | scan the QR code or key in UEN No. 201710429H Enter in reference field: SYCA <space> NRIC/UEN No.<space> CONTACT</space></space> | |
| Donor Details: 捐助者信息: | | | |
| Full name as Per | NRIC /Company Na | me 姓名*: | |
| NRIC/FIN/UEN N | o 身份证号码*: | | |
| Contact No 联系号码*: | | | |
| Email Address 邮箱地址*: | | | |
| Mailing_Address 邮寄地址*: | | | |
| | | | |
| | e 签名 & 日期: 公司印章, if applica | able 如果适用) | |
| To email completed donation form or more information, please email to <u>info@sycasg.com</u> or Whatsapp to 92770666. | | | |

如需通过电子邮件发送填写完整的款表格或了解更多信息,请发送电子邮件至 info@sycasg.com 或通过 Whatsapp 发送电子邮件至 92770666。

*Tax deduction benefit is valid for qualifying donors (i.e. individuals, companies, trusts, bodies of persons)

By providing the information set out in this form, I/we agree and consent to BTBAF, STSMPF and NHCS as well as its representatives and subsidiaries collecting, using, disclosing, and sharing amongst themselves my/our personal data provided above as well as in the records of BT BAF, STSMPF and NHCS from time to time and disclosing such personal data to the authorised service providers and relevant third parties for purposes reasonably required by BT BAF, STSMPF and NHCS to process my donation.