



Donation Form

The Cerebral Palsy Alliance Singapore (CPAS) seeks your support to enable us to provide essential programmes and services to persons with Cerebral Palsy and multiple disabilities

YES! I WISH TO SUPPORT!

Name (as per NRIC for individual donation) :	
Organisation Name (corporate donations) :	
NRIC (individual) or UEN (corporate) no.: <small>*only required for tax exemption purposes :</small>	
Postal Address :	
Contact Number(s):	
Email Address:	

Enclosed please find Cash / Cheque (No. _____) of SGD \$_____.

Kindly make the cheque payable to **Cerebral Palsy Alliance Singapore**. Please send your cheque and this completed form to:

The Executive Director
Cerebral Palsy Alliance Singapore
Cerebral Palsy Centre
65 Pasir Ris Drive 1
Singapore 519529

* Information of individuals provided on this form will only be used to process the donation.

Please tick if you would like to receive the following from us:

- Annual Report
- Half-yearly Newsletter
- Updates on CPAS activities

Signature and Date

THANK YOU FOR YOUR SUPPORT!

Cerebral Palsy Alliance Singapore
Cerebral Palsy Centre
65 Pasir Ris Drive 1 Singapore 519529
Tel: 6585 5600 Fax: 6585 5603 www.cpas.org.sg