

DATE OF FUNCTION: _____

Serial No.: LH/_____/2020



LOVING HEART MULTI-SERVICE CENTRE (JURONG)

Block 316 Jurong East Street 32 #01-279 Singapore 600316

Contact: 6567 4166

Fax: 6569 7957

DONATION & CONTRIBUTION FORM

Name of Donor / Organisation: _____

Residential Address : _____

Contact Person : _____

Contact Number : _____ (HP) _____ (O)

AMOUNT DONATED : \$ _____

Payment Type : CASH / CHEQUE Cheque No.: _____

Tax- Exempted Receipt : Yes / No Receipt No.: _____

Name of Function : _____

Event Venue : _____

Name of staff / Signature : _____

Details / Information : _____

DONATION / CONTRIBUTION RECEIVED BY:-

Name of Receiver / Signature: _____

Designation : _____

Date : _____

Cash / Cheque Deposited on : _____