

At Orbis, we bring people together in the fight against avoidable blindness.



352 Tanglin Road
#02-03, Singapore 247671

(T): +65 6479 5875

Email: info.singapore@orbis.org
sgp.orbis.org



orbisingapore



\$25

PROVIDES 2 PAIRS OF GLASSES

To children so they can read their books and blackboard clearly



\$70

TRAINS 1 TEACHER

So they can identify students with eye problems and get them treated



\$150

PROVIDES 2 SURGERIES

For adults with cataract so they can see well enough to work and earn income



\$300

TRAINS 2 NURSES

To identify and refer patients with complex eye diseases

Help us eliminate avoidable blindness today so that no one is left behind to face a life of darkness that could have been avoided.

GIRO Donation Form for Orbis International Inc. (Singapore) Ltd



Orbis's beneficiaries are outside Singapore and all donations are not tax-deductible. In the US, Orbis International is a 501(c)3 organisation.

MY PARTICULARS

INDIVIDUAL DONATION

Mr/ Mrs/ Ms/ Dr* or Others _____ Contact No.: _____
 Full name (as in NRIC/FIN): _____ Email: _____
 Mailing Address: _____ (S)

CORPORATE DONATION

Name of Organisation: _____
 Name of Contact Person: _____ UEN: _____
 Mailing Address: _____ (S)
 Contact No: _____ Email: _____

PART 1: FOR DONOR'S COMPLETION

My/ Our Name(s) as in bank account: _____
 To (Bank Name): _____ Bank Branch: _____
 Bank Account Number: _____
 Name of Billing Organisation (BO): Project Orbis International Inc. (Singapore) Ltd
 Expiry Date of the Authorization ^{Note} _____ Today's Date: _____

PLEASE CHOOSE MONTHLY DONATION LIMIT (pick one)

- \$50 \$100 \$150
 \$200 Other amount: _____

Note: Donors to check if your bank allows this

Company stamp/ Signature(s)/ Thumbprint(s) as in bank account

1. We/! hereby instruct the bank to process the BO's instructions to debit my/our* account.
2. The bank is entitled to reject the BO's debit instruction if my/ our* account does not have sufficient funds and charge me/us* a fee for this. The bank may also at its discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
3. This authorisation will remain in force until the Bank's written notice sent to my/our* address last known to the bank or upon the Bank's receipt of my/our written revocation; or upon the Bank's receipt of the notice of expiry from the BO.

PART 2: FOR BILLING ORGANISATION'S COMPLETION

SWIFT BIC	Billing Organisation's Account No

BO's Customer Ref No

SWIFT BIC	Account No. To Be Debited

PART 3: FOR THE BANK'S COMPLETION

This application is rejected due to:

- Signature/ thumbprint* differs from the bank's records
- Signature/ thumbprint* incomplete/ unclear*
- Account operated by signature/ thumbprint*
- Wrong account number
- Amendments not countersigned by customer
- Others:

Name of approving officer: _____

Authorised signature and date _____

Please mail the completed form to 352 Tanglin Road #02-03 Singapore 247671

By submitting this form, you hereby consent to Orbis Singapore to collect your personal data to administer your donations and update you about Orbis Singapore.

Please tick here if you DO NOT wish to receive communications and updates from Orbis Singapore about future initiatives.

*Please delete where is applicable