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**BUSINESS REPLY SERVICE
PERMIT NO. 08330**



CLUB RAINBOW (SINGAPORE)
Blk. 538
Upper Cross Street #05-263/269
Singapore 050538



To find out more about Club Rainbow and details on how you can help the Rainbow children and their families, do visit our website or drop by for a visit. We will be happy to share the Rainbow experience with you!

Rainbow Family Care Centre (RFCC)
Block 538 Upper Cross Street
#05-263/269
Singapore 050538
Tel: (+65) 6377-1789
Fax: (+65) 6271-8189
Website: www.clubrainbow.org
Email: contact@clubrainbow.org

Rainbow Care & Resource Centre
National University Hospital, Main Building
(Level 4)
5 Lower Kent Ridge Road
Singapore 119074
Tel: (+65)6774-1148
Fax: (+65)6774-7749

Rainbow Care & Resource Centre
KK Women's & Children's Hospital
PEC, Women's Tower (Level 1)
100 Bukit Timah Road Singapore 229899
Tel: (+65)6394-5045
Fax: (+65)6295-5873



CLUB RAINBOW DONATION FORM

PERSONAL PARTICULARS OF DONOR

Please fill in the following in **BLOCK LETTERS**.

Title: *Dr/Mr/Mdm/Ms _____

NRIC/FIN No.: _____

Address: _____

Postal Code: _____

Tel No.: _____ (H) _____ (HP)

E-mail: _____

Signature & Date: _____

**delete where applicable*

Telephone: (+65) 6377-1789 Fax: (+65) 6271-8189
Website: www.clubrainbow.org
E-mail: contact@clubrainbow.org
Club Rainbow (Singapore) Charity Regn No : 0930R

DONATION DETAILS

Yes! I would like to help Club Rainbow fund its services and programmes for the families of the Rainbow children who are diagnosed with chronic and potentially life-threatening illnesses by contributing

a one-time donation of S\$_____ by cheque.

Cheque no.: _____,

Bank: _____

**cheque should be crossed and made payable to "Club Rainbow (Singapore)"*

a *one-time/monthly/periodic deduction of S\$_____ via *Visa / Mastercard, with credit card no. of

□□□□ - □□□□ - □□□□ - □□□□

Expiry Date (mm/yy): ____/____

**Please note that for each successful deduction, a partial bank processing fee of S\$0.60 will be charged to your account.*

Name as on card:

"I hereby authorize Club Rainbow (Singapore) to make the above stated deductions from my credit card."

Signature & Date:

For enquiries, please contact us for more information and assistance. Thank you!



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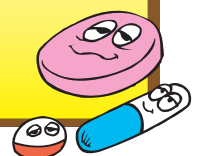
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