



All Saints Home (Tampines) 众圣之家 (淡滨尼)
 11 Tampines Street 44 Singapore 529123 Tel: 6788 2345 Fax: 6787 1588
 www.allsaintshome.org.sg UEN: S87SS0068F IPC No: HEF 0062/G

ALL SAINTS HOME THANKSGIVING DINNER 2019

8 November 2019 (Friday), 7pm at Grand Marquee, Hotel Fort Canning

1. PURCHASE OF TABLES (Each table sits 10 persons)			
Table Pricing	Quantity	Amount	
<input type="checkbox"/> \$5,000 (superior view of stage)			
<input type="checkbox"/> \$3,000			
2. CASH DONATIONS			
Sponsorship Tier			Amount
<input type="checkbox"/> Diamond donor (\$200,000 & above) - Receive four (4) complimentary tables			
<input type="checkbox"/> Platinum donor (\$100,000 to \$199,999) - Receive two (2) complimentary tables			
<input type="checkbox"/> Gold donor (\$50,000 to \$99,999) - Receive one (1) complimentary table			
<input type="checkbox"/> Any other amount (Please state amount)			
3. REVERSE AUCTION			
Description & Quantity of Sponsored Items Required	Unit Price	Quantity	Amount
<input type="checkbox"/> AIC Wellness Programme By funding this programme, you can help our residents and clients partake in fun activities such as Sensory Art, Creative Movement, Gardening, and more. You will also help train our staff and volunteers in these special activities to allow them to better accompany and guide our elderly residents and clients when participating. All Saints Home is fortunate to be collaborating with the Agency for Integrated Care (AIC), who will be funding 80% of the cost, with All Saints Home bearing the other 20%. This 3-year programme will require \$150 per resident and you can help to benefit at least 300 residents and clients across all our centres. We have currently raised \$42,300 during our Charity Golf fundraising event. We are looking to benefit 300 more residents and clients, which will cost another \$45,000.	\$150		
<input type="checkbox"/> Sponsor a Needy Resident All our residents are equally deserving of dignified care in their twilight years. You can help our financially needy and destitute residents by sponsoring their monthly or yearly care expenses. We are hoping to raise \$108,000 in total to help 30 of our needy residents.	\$3,600 per year		
	\$300 per month		
		Grand Total	



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PART A - Details of Donor

Name (as per NRIC) Dr / Mr / Ms:

NRIC / FIN / UEN:

Company Name / Designation:

Company Address:

Email Address:

Contact Number:

Credit Card (Visa / MasterCard) number: _____ -- _____ -- _____ -- _____

Expiry Date: _____ (MMYY) **CVV:** _____

Name / Signature of Cardholder:

_____ / _____

Date: _____

The above donation is attributed to: Self / Others / Company* (please circle).

Please fill up the form in **PART B** below if the person requiring the tax-deductible receipt is ***different*** from the above donor.

I consent to All Saints Home to:

- use and store my personal data to process it for donation and record purposes.
- to send me information on All Saints Home's events and activities.

Note:

- Please make the cheque payable to: "**All Saints Home**" and indicate "**Thanksgiving Dinner 2019**" on its reverse side.
- All outright donations and purchase of tables will enjoy 2.5 times tax-deduction (Singapore tax residents) as All Saints Home is an Institution of a Public Character (IPC). Please complete the donor details section so that we may submit your information to IRAS to process the tax deduction and for us to issue you with a tax-deductible receipt.
- To qualify for FY2019 tax-deduction, kindly ensure your donation is submitted by 15 December 2019.
- For assistance, please contact All Saints Home at fundraising@allsaintshome.org.sg
- Please return your completed form and cheque to the address below:

All Saints Home (Tampines)
11 Tampines Street 44, Singapore 529123
Attention: Corporate Affairs



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PART B

Please issue the tax-deductible receipt to:

Same as above donor's (if there is no change) / or to the undermentioned (Please delete accordingly):

Dr/Mr/Ms: _____

Name of Individual/Company: _____

NRIC/FIN/Business Registration No: _____

Address/Business Address: _____

Contact Person: _____ Tel: _____

Email: _____

