

REPLY FORM for Stories from the Heart, MDAS Charity Dinner 2022

YES, I/We would like to enrich the lives of persons with Muscular Dystrophy by supporting Stories from the Heart 2022.
(Please tick the appropriate boxes)


<input type="checkbox"/> I / We would like to sponsor* and attend the Dinner:			
Table Tier	Table Price [8 seats]	No. of table(s)	Total amount
Diamond Table	\$3,200		
Ruby Table	\$2,400		
Individual Seating			
No. of seats: (\$300 per seat)	_____ seat(s)	Please indicate if you have any special dietary requirements	Halal: _____
Total amount:	\$ _____		Vegetarian: _____

<input type="checkbox"/> I am unable to attend and would like to sponsor* a MDAS beneficiary to the dinner		
No. of beneficiary: _____	\$300 per beneficiary	Total amount: _____

<input type="checkbox"/> I am unable to attend and would like to make a Direct Donation* of:					
<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$500	<input type="checkbox"/> Other amount: _____

*Donations \$50 and above are applicable for a 250% tax exemption.

Please return this reply form latest by 7 November 2022 for sponsorship of tables.

Modes of Donation	
<input type="checkbox"/> Credit Card Online <i>(This Reply Form will still be required if you donate via Give.asia)</i>	For online donation: give.asia/storiesfromtheheart2022 or scan the QR code on the right. Please forward Give.asia acknowledgement email to us at projects@mdas.org.sg with the reply form on the sponsorship. <div style="text-align: right;">  </div>
<input type="checkbox"/> Cheque - Cheque no: _____	Please issue cheque payable to: MDAS Mail this Reply Form together with cheque to: 9 Bishan Place #06-04 Junction 8 Singapore 579837

For enquiries, please email to projects@mdas.org.sg or call 6259 6933.

Personal Particulars (for donors giving by cheque only)
Full Name (as shown on NRIC)/Company Name: _____ Address : _____ Postal Code: _____ Email: _____ Contact Person: _____ Contact Number: _____
Donations of \$50 and above are eligible for a 250% auto tax exemption (Provide NRIC/FIN/UEN below)
NRIC/FIN/UEN: _____ (Full NRIC No. Required) <input type="checkbox"/> I would require a physical copy of my tax-deductible receipt <small>*The data collated from this form will solely be used by MDAS to administer the donation details. With the submission of the registration form, you are agreeable to share your personal data with MDAS and receive information in connection to MDAS. This is in conjunction with PDPA. <input type="checkbox"/> Tick here if you do not wish to receive updates or be part of our mailing list. You may also email us at communityrelations@mdas.org.sg for more enquiries.</small>