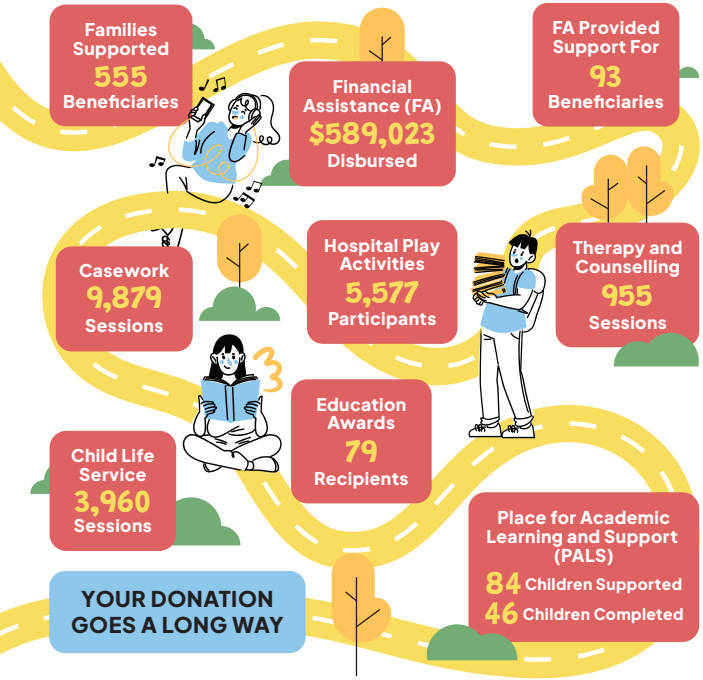
About Children's Cancer Foundation



Children's Cancer Foundation (CCF) is a Social Service Agency with a mission to improve the quality of life of children with cancer and their families impacted by childhood cancer through enhancing their emotional, social, and medical well-being.

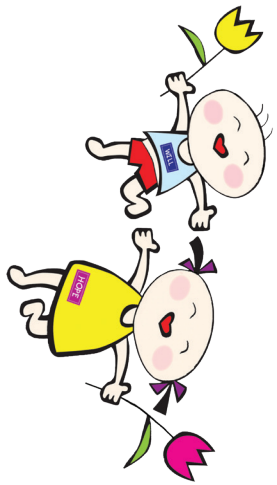
Founded in 1992, CCF provides children with cancer and their families the much needed support in their battle against the life threatening illness. Over the years, CCF has helped over 4,200* children and their families at different stages of the illness and recovery.

With your support, we can make a difference in the lives of children with cancer and their families by providing vital assistance in the following areas:

*Data as of 2025.

For enquiries, please contact hello@ccf.org.sg.

www.ccf.org.sg | sgccf | ccfsingapore | CCF Singapore | CCF Singapore



Children's Cancer Foundation

CHILDREN'S CANCER FOUNDATION
CCF Community Office
535 Kallang Bahru #02-01
GB Point
Singapore 339351

BUSINESS REPLY SERVICE
PERMIT NO. 07950

Postage will be paid by addressee.
For posting in Singapore only.

Children's Cancer Foundation

At just six years old, Debbie lost her leg to osteosarcoma. Now nine, she faces each day with courage and resilience. But not every child is given this same chance.

Every child deserves a fighting chance. Help us support the families facing childhood cancer in Singapore!

Scan to donate today

> As parents, we must maintain optimism and foster positivity. Having fun together helped us not fixate on the treatment. That's what kept us going.
>
> Mr Terence Ong, Debbie's Father

At six years old, Debbie was diagnosed with osteosarcoma. She endured intensive chemotherapy, limb-amputation surgery, and months of recovery, learning to walk again with a prosthetic limb.

Today, she thrives, a fearless, joyful reminder that with the right care and support, no child faces cancer alone.

Scan to read Debbie's story on our website

Your generous donation will allow CCF to continue supporting more beneficiaries like Debbie and their families as they navigate through this challenging journey!

MY DONATION

❑ **Monthly Donation (Minimum $10)** ❑ **One-Time Donation**

Amount: ❑ $1,000 ❑ $500 ❑ $50 ❑ $10

❑ **Other Amount:** $ _____

MY PARTICULARS

Name (Dr / Mr / Ms / Mrs / Mdm / Company)

_____

NRIC / FIN / UEN (Required for tax deduction purposes)

_____

Address

_____ S( )

Email _____ **Contact Number** _____

☐ By checking this box, I consent to the use of my personal data provided in this form for the specified purposes of sending me CCF announcements and any other communications on matters pertaining to CCF-related programmes, events and services.

MODE OF DONATION

❑ **Cheque (For One-Time Donation only)**

Cheque No _____

Cheque should be made payable to "Children's Cancer Foundation"

❑ **Credit Card (Visa / Mastercard)**

Name of Cardholder

_____

Card Number

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry Date ☐☐/☐☐ (m m / y y) CVV ☐☐☐ Signature/Date _____

- All donations are eligible for tax deduction and will be automatically included in your IRAS tax assessment. As such, IRAS requires you to provide your NRIC/FIN/UEN. Tax-deductible receipts will no longer be issued unless requested.
- The purposes for which CCF will collect, use and disclose your personal data include but are not limited to verifying your identity; registering your donation and tax reference number with IRAS in order to qualify you for a tax deduction (if applicable); and administrative matters on donation payments or refunds.
- Please visit our website at https://www.ccf.org.sg/personal-data-protection-policy/for further details on the Personal Data Protection Policy, including the purposes for which your personal data may be disclosed and/or used, how you may access and correct your personal data or withdraw consent to the collection, use or disclosure of your personal data.
- If you wish to cancel or alter your monthly donation, please notify Children's Cancer Foundation in writing or email to finance@ccf.org.sg.

❑ GIRO (For Monthly Donation)

Interbank GIRO Application Form

PART 1: FOR APPLICANT'S COMPLETION

(Please fill in all fields unless otherwise stated. Incomplete forms may not be processed)

Date	Name of Billing Organisation ("BO") **Children's Cancer Foundation**
To My/Our Bank ("Bank")	
Payment limit (Maximum Amount to be deducted per transaction)	Expiry date of this authorisation (if applicable)

a) I/We hereby instruct the Bank to process the BO's instructions to debit my/our account.

b) The Bank is entitled to reject the BO's debit instruction if my/our account does not have sufficient funds and charge me/us 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.

c) This authorisation will remain in force until
i) the Bank's written notice sent to my/our address last known to the Bank;
ii) upon the Bank's receipt of my/our written revocation; or
iii) upon the Bank's receipt of the notice of expiry from the BO.

My/Our Name(s)	My/Our Contact (Tel/Fax) Number(s)
My/Our Account Number	My/Our Company Stamp/ Signature(s)/Thumbprint(s)*

(As in Finance institution's records)
*For thumbprint(s), please go to the branch with your identification document

PART 2: FOR BILLING ORGANISATION'S COMPLETION

SWIFT BIC **UOVBSGSGXXX**	Billing Organisation's Account No	Billing Organisation's Customer Ref No
Applicant's SWIFT BIC	Applicant's Account No. To Be Debited	

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: CCF Community Office
535 Kallang Bahru #02-01
GB Point
Singapore 339351

This Application is hereby REJECTED (Please tick ✓) for the following reason(s):

❑ Signature/thumbprint* differs from Financial Institution's records
❑ Signature/thumbprint* incomplete/unclear*
❑ Account operated by signature/thumbprint*
❑ Wrong Account Number
❑ Amendments not countersigned by customer
❑ Others

Name of Approving Officer *Please delete where inapplicable	Authorised Signature	Date