

Image: Joel & parents at FamChamps 2015



Thank you, Mum and Dad, for *always being with me, loving me, and not giving up on me.*
 I'm sorry for being rebellious and disrespectful at times. I know you love me and sis, and I will work on becoming more obedient and a better listener. *I love you.*

Joel, aged 14, experienced a breakthrough in his family relationship through FamChamps



FRIENDS OF THE FAMILY MEMBERSHIP FORM

YES! I want to become a *Friend of the Family* and contribute a monthly gift of \$_____

Personal Details

Full Name*: _____
 NRIC/FIN No.*: _____
 Address: _____
 Contact No.: (Hp) _____ (H) _____
 Email*: _____

**Compulsory fields. Providing your NRIC/FIN for monthly donations will qualify your gift for a 250% tax deduction.*

I AM GIVING BY:

Credit Card Visa Mastercard

Card Number:
 Exp Date (mm/yy):

Signature (as in bank's record): _____ Date: _____

Interbank GIRO

I authorize Focus on the Family Singapore to withdraw \$_____ from the following account each month.

Bank: _____ Branch: _____

Account No.: _____

- I/We hereby instruct the Bank to process the Billing Organisation’s (BO) instructions to debit my/our account.
- 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.
- This authorisation will remain in force until
 - the Bank’s written notice sent to my/our address last known to the Bank;
 - upon the Bank’s receipt of my/our written revocation; or
 - upon the Bank’s receipt of the notice of expiry from the BO.
 -

Signature (as in bank’s record): _____

Date: _____

*If you have further questions, please contact
Vanessa.Puah (Vanessa.Puah@family.org.sg/ 6491 0711).*

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7171	070	0709005853
Bank	Branch	Account No.

Donor Reference Number: _____

To: Focus on the Family Singapore Limited

- Signature/Thumbprint differs from bank’s records
- Signature/Thumbprint incomplete/unclear
- Amendments not countersigned by donor/FOCUS
- Wrong account number
- Account operated by signature/thumbprint
- Others:

Name of Approving Officer: _____

Authorized Signature (as in bank’s record): _____

Date: _____