DONATION-IN-KIND FORM

SERIAL NO.
FOR OFFICIAL USE

YOUR PARTICULARS

☐ Individual ☐ Corporate ☐ Other: _____

Full Name/Organisation Name: _____

Mobile No: _____ Office No: _____

Email Address: _____

Postal Address: _____

YOUR CONSENT AND DECLARATION

By submitting this form, I acknowledge the following:

1. **The delivery date and time (within a 2-hour delivery window) must be confirmed by CAL in email at least 2 weeks in advance.**
2. **No walk-ins are allowed without prior confirmation.**
3. **All items and quantities must be listed on CAL's DIK list and abide by CAL's guidelines, unless approved by CAL.**
4. **Items not on the DIK list or approved will not be accepted.**

Delivery Details

Please propose three delivery dates and timing. The CAL team will confirm the Delivery Details with you via email.

	Proposed Date	**Proposed Time** *(Please indicate a 2 hour window)*
1		
2		
3		

Delivery Address: Children's Aid Limited (Melrose Home)
35 Boon Lay Avenue, Singapore 649962
Delivery Days: Monday – Friday (excluding Public Holidays)
Delivery Time: 10am – 5pm

By providing the information set out in this form, I/we agree and consent to CAL collecting, using and disclosing my/our data for official purposes and in accordance with CAL's data protection policy: https://childrensaidlimited.sg/cas/data-protection-policy/

☐ **I would like to stay connected and receive updates about programmes, events and other activities.**

By signing below, I hereby declare that all information I provide in this form is true and correct.

_____ _____
Signature Date

DONATION-IN-KIND ITEM(S) LIST

S/N	ITEM DESCRIPTION	QTY	COST PER ITEM	TOTAL	RECEIVED (TO TICK) FOR OFFICIAL USE	REMARKS FOR OFFICIAL USE
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
FOR OFFICIAL USE	**Total Estimated Cost** *(FOR CP TO VERIFY)*:				Received By:	