



ORA FUNDRAISING GOLF 2018

In support of



Date: 26 September 2018 (Wednesday)	Venue: Orchid Country Club	Tee-off Time: Shot-Gun starts at 1.00p.m.
Registration & Lunch: 11.30a.m.	Dinner & Prize Presentation: 7.00p.m.	Format of Play: Double Peoria Stableford

RESPONSE FORM

- We / I would like to participate in the ORA Fundraising Golf 2018
(Please complete attached flight selection registration form)
- We / I would like to make a cash donation of S\$ _____
(Tax-exempt receipt will be issued for donations of \$100 and above)
- We / I would like to sponsor the following items as prizes:

- We / I wish to advertise in the golf magazine of the ORA Fundraising Golf 2018.
(Please complete attached form for placing of advertisement.)
- We / I wish to attend the golf dinner at S\$80.00 per person.

Note: All cash donations of S\$100 and above and cost of flights are entitled to 2.5 times tax deduction.

Please provide the following details for the purpose of issuing tax-exempt receipts.

	Name as in NRIC / Company Registered Name	NRIC /Pp No./ UEN No.	Mailing Address
1			
2			
3			
4			

For enquiries, please contact:

	Tel:	E-mail:	Fax No.
Ms Florence Lee ORA Administrator	6353-5063 / 9002-0399	ora@rafflesian.com	6353-8847

Address: ORA office, c/o Raffles Institution, One Raffles Institution Lane, Singapore 575954

Flight Selection

Please tick [<input type="checkbox"/>]	Category	Value	Cost inclusive of
<input type="checkbox"/>	VIP Flight	S\$10,000	a) Flight of 4 players b) Lunch and Dinner for 4 c) Banner at tee-off box at one hole d) Acknowledgement in the souvenir programme magazine (size: 29x20cm)
<input type="checkbox"/>	Corporate Flight	S\$5,000	a) Flight of 4 players b) Lunch and dinner for 4 c) Acknowledgement in the souvenir programme magazine (size:29x20cm)
<input type="checkbox"/>	Buy-a-Flight	S\$1,800	a) Flight of 4 players b) Lunch and dinner for 4
<input type="checkbox"/>	Single Participant	S\$450	a) Individual Player b) Lunch and dinner for 1

REGISTRATION FORM

Name: _____ NRIC No. _____

Address: _____

Tel: _____ (H) _____ (O) _____ (HP)

E-mail address (for flight notification): _____

Home Club: _____ Handicap: _____

RI/RGS/RJC (Year of Graduation) (if applicable): _____

My other flight mates are:

<u>Name</u>	<u>Handicap</u>	<u>RI /RGS/RJC (Year of Graduation)</u> (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____

I enclose cheque No. _____ payable to ***“Old Rafflesians’ Association***

Please charge S\$_____ to my Credit Card, of which the details are stated below:

Credit Card Number (Visa / Mastercard only):

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Credit Card Expiry Date: _____ / _____ (mm/yyyy) **CVV** _____

Cardholder's name: _____ **Signature:** _____ **Date:** _____

*Please mail this form together with cheque made payable to **Old Rafflesians’ Association**.
Address: c/o Raffles Institution, One Raffles Institution Lane, Singapore 575954
or fax it to 6353-8847.*

Completed registration form and payment should be made to the organizers by 6 September 2018