

Fax:		S()
Fax: Te		Tel: HP:
Ema	il:	Contact Person:
	☐ I would like to be a "F	riends of STTA" and donate to STTA.
S/N	Donations	Please indicate your preferred option (√)
1	\$1,000	
2	\$2,000	
3	\$3,000	
4	Other amount	
	☐ I wish to remain anon	ymous. Kindly do not acknowledge me as the on the STTA website (please
	if applicable)	ymous. Kindly do not acknowledge me as the on the STTA website (please on via (please tick the preferred option):
You	if applicable)	
You Ban	if applicable) ation may wish to make the donation	on via (please tick the preferred option):
You Ban Bend	if applicable) ation may wish to make the donation k transfer	on via (please tick the preferred option): is Association
You Ban Bene Banl	if applicable) ation may wish to make the donation k transfer eficiary: Singapore Table Tenn	on via (please tick the preferred option): is Association
Band Bend Band Band	if applicable) ation may wish to make the donation k transfer eficiary: Singapore Table Tenn k account number: 005-01689	on via (please tick the preferred option): is Association 5-3

Cheque				
I enclose herewith: Bank Name / Cheque No:				
***All cheques are made payable to "Singapore Table Tennis Association"				
Signature:	Date:			

Please email the completed reply form to laura_wong@stta.org.sg