

Condom Delivery

Date _____

Print this form, fill it, sign and either fax to
+65 6256 5903 or scan and email to donate@afa.org.sg

Payee's and Delivery Details. Please write in

Payee's Name: _____

Contact No: _____

NRIC/FIN/ Passport: _____

Mailing Address: _____

Postal Code: _____

Please indicate the number of boxes

\$20.00 per box of 144 condoms

Your order will be mailed to you 5 days from the date of transaction

Payment Details

Email: _____

Card Holder's Name: _____

Amount: SGD\$ _____

Card Type: _____

Card Number: _____

Card Expiration Date: _____

Would you like to receive an
e-mail notification for the
transaction?

Yes

No

Official Use

REFUND POLICY:

NOTE: Goods once delivered cannot be returned.

Requests for refund can be made via AfA or the card-issuing bank/ company should there be an error in the payment, if the donor wants to retract his/her order or if there was an unauthorised usage of the credit or debit card.

Refund Requests via AFA

Card Holder's Signature

By signing this form, I authorise Action for AIDS, Singapore
to process the transaction as stated above

Please print this form, fill it up,
sign and either fax to +65 62545903 or scan and email to donate@afa.org.sg

Signature & Date _____