



National
Cancer
Society
Malaysia

All information on this form
will be treated as confidential

To make your gift

Name : _____ E-mail : _____

Phone No: H: _____ H/p: _____ Office: _____

Company: _____

Contact Person: _____

Address: _____

_____ Postcode: _____ State: _____

1) How did you hear about the National Cancer Society of Malaysia?

- NCSM client Brochure Friend/family
 Website Newspaper Other

2) Which type of donation would you like to make would you like?

- Unconditional Gift Specific Purpose Gift (*please state*):
 Memorial Gift

3) Amount you wish to donate: RM: _____

Directly into Maybank (Main) Acc. No:0-14011-4-30448

Money Order/Postal Order _____

Cheque No: _____

All donations to be made payable to 'National Cancer Society of Malaysia'

Credit card. Please debit my Credit card number

_____ Expiry date ___/___

Card Type (e.g. Visa/Mastercard/American Express) _____

Cardholder's name (as it appears on credit card) _____

Signature

All donations to be made payable to 'National Cancer Society of Malaysia'

Please send your donation and this form to:

The National Cancer Society of Malaysia, P.O.Box 12187, 50770 Kuala Lumpur

Please include your name and postal address to ensure we can mail a receipt to you.

Thank you for your donation, a receipt will be sent to you shortly.