



# DONATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Tel \_\_\_\_\_

HP \_\_\_\_\_

Email \_\_\_\_\_

Do you wish to receive information on the Society's activities? Yes / No

**I would like to donate to the National Cancer Society Malaysia (NCSM) for the amount of**

**RM** \_\_\_\_\_ **by:** (please tick where applicable)

Cash

Cheque

Cheque no \_\_\_\_\_

Crossed and made payable to 'NATIONAL CANCER SOCIETY OF MALAYSIA'

Direct Remittance

Please bank into Maybank a/c no 0-14011-4-30448  
and fax or mail bank-in slip to us.

Credit card

Visa

Mastercard

Card No

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Expiry Date

\_\_\_\_ / \_\_\_\_ (month/year)

Signature \_\_\_\_\_

Cardholder's name as it appears on the credit card \_\_\_\_\_

I wish to be a regular donor. Please auto debit from my credit card for the amount (RM) \_\_\_\_\_

Monthly

Quarterly

Half-yearly

Yearly

Starting from \_\_\_\_ / \_\_\_\_ (month / year) to \_\_\_\_ / \_\_\_\_ (month/year)

Thank you for your donation.