



DONATION FORM

Donation can be made by filling out this form and returning to Cancer Research Malaysia.
Address: 2nd floor, Outpatient Centre, Subang Jaya Medical Centre, No1. Jalan S12/1A, 47500
Selangor . Tel: 03 2712 3224 Email: info@cancerresearch.my

Name	IC number
Address	
Tel	
Handphone	
Email	

I would like to donate to Cancer Research Malaysia for the amount of RM _____

I am paying by:

<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	Cheque no _____
	Cheque payable to Cancer Research Malaysia	
<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	
Credit card holder name	_____	
Credit card number	_____	
Expiry date (mm/yy)	_____	

<input type="checkbox"/> I wish to donate on regular basis:	
Amount (RM)	_____
Frequency	Monthly/Quarterly/Yearly
Number of payments to be made	_____
First payment date (dd/mm/yy)	_____

Signature
Date

*Donations of RM50 and above will be issued a tax exempt receipt for tax deduction. Tax exempt receipt will be posted to you with the contact details given.

Thank you for your donation