



### 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 5886 1300 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"/> <b>I wish to donate on regular basis:</b>	
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