

DONATION FORM

Name (Company/Individual) : _____

I.C. No./ Company No. : _____
(*for issuance of tax exempt receipts)

Contact No. : _____

Email Address : _____

Mailing Address : _____

*** Yes, we would like to partner with The Cancer Advocacy Society of Malaysia to save lives by this donation! ***

RM 500 RM 1,000 RM 2,000 RM 5,000 Other amount, RM _____

Note: Please tick on the for the amount to be donated

1. Enclosed is our CHEQUE NO. _____ for the amount of RM _____ as token of our support.

Note: *Please issue cheque payable to THE CANCER ADVOCACY SOCIETY OF MALAYSIA.

2. You may also transfer funds online to our **Maybank account: 514301-123518.**

Please send us copy of the deposit slip and provide details in the donation form. We will issue tax-exempt receipt for your contribution.

For further clarifications & enquiries, kindly contact us:

The Cancer Advocacy Society of Malaysia (ROS. No: 1894-08-SEL)

No. 46-5-2, Jalan 2/101C

Cheras Business Centre, 56100 Kuala Lumpur

Tel: 012-335 8806

Website: www.empowered.org.my

Email: officeadmin@empowered.org.my