



YAYASAN BUAH PINGGANG KEBANGSAAN MALAYSIA
NATIONAL KIDNEY FOUNDATION OF MALAYSIA Regd.No. 659 (Sel)
馬來西亞腎臟基金會 மலேசிய தேசிய சிறுநீரக அறநிறுவனம்

Amount of contribution (please tick / fill in appropriately)

| | | | | |
|---|-------|-------|-------|-----------------|
| Monthly | RM28 | RM48 | RM68 | Other: RM _____ |
| <i>Applicable for monthly contributions : Deductions will continue until we receive 30 days' notice from you to cease deductions.</i> | | | | |
| ONE-Time | RM100 | RM200 | RM500 | Other: RM _____ |

Payment mode (please tick or fill in appropriately)

Credit Card Name on card _____
Card Number _____ - - -
Valid Thru M M / Y Y VISA MASTER

Cheque / Postal Order number : _____ RM _____
*(Payable to **National Kidney Foundation of Malaysia**)*

Cash (For direct deposit into MAYBANK a/c number : **014011450041**)
*(Please send the **deposit slip** together with this form or fax to 03-7954 0535)*

Transfer donation through Maybank2U and CIMB Cares, refer number : _____

Personal Information (Please use CAPITAL LETTERS)

Name: Mr Ms Mdm _____ Gender: Male Female
New I/C: _____ - - Race : Malay Chinese Indian Others
Address: _____

City _____ State _____ Postcode _____

Contact: (H/P) _____ (Office) _____ (Home) _____

(Fax) _____ (Email) _____

Name on tax-exempt receipt: _____
(If different from the above)

Date : _____ **Signature :** _____

I hereby acknowledge this form has been filled out by myself and allows deductions to be made by NKF as above details given.

Address : **70, Jalan 14/29, 46100 Petaling Jaya, Selangor.**

Tel: **03-7954 9048** Fax: **03-7954 0535** Email: **fundraising@nkf.org.my** Website: **www.nkf.org.my**