



### STEP 1

#### Amount of contribution (please tick / fill in appropriately)

**Monthly**       RM28       RM48       RM68       Other: RM \_\_\_\_\_

*Applicable for monthly or 6-monthly contributions : Deductions will continue until we receive 30 days' notice from you to cease deductions.*

**ONE-Time**       RM100       RM200       RM500       Other: RM \_\_\_\_\_

### STEP 2

#### Payment mode (please tick or fill in appropriately)

**Bank Account**      A/C Holder Name \_\_\_\_\_  
 (SOLE Account ONLY)      Account Number \_\_\_\_\_

Saving       Current  
 Maybank       RHB Bank

- \* The tax-exempt receipt will be sent at the beginning of every year for the donations in the preceding 12 months.
- \* I agree to pay the nominal charge of RM1.00 per successful transaction to MBB/RHB for the provision of the Autodebit Services by debiting my account where the donation is made from.
- \* I understand that MBB/RHB shall be entitled to vary such charges or impose other charges as deemed appropriate for providing the Services without prior notice to me.

**Credit Card**      Name on card \_\_\_\_\_  
 Card Number \_\_\_\_\_  
 Valid Thru 

M	M	Y	Y
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 VISA       MASTER  
 Issuing Bank \_\_\_\_\_

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

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

**Transfer donation through Maybank2U and CIMB Cares**, refer number : \_\_\_\_\_

### STEP 3

#### 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)

**Signature :** \_\_\_\_\_ **Date :** \_\_\_\_\_

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