

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)
Suite 316, Level 3 (Lift Lobby 3) Block A, Damansara Intan e-Business Park, No. 1, Jalan SS20/27, 47400 Petaling Jaya, Selangor
Tel: 03-7726 8806 Fax: 03-7726 8805
Website: www.empowered.org.my
Email: officeadmin@empowered.org.my