

Pls fill in if the name is different, or if you are a NEW donor

Name : _____
Address : _____

Contact No. : _____
E-mail Address : _____

MAA Medicare Charitable Foundation is committed in ensuring your personal data is protected. For more information visit www.maamedicare.org to read about our Personal Data Protection Notice

1 ONE-TIME CONTRIBUTION

Yes! I want to give **HOPE** and support underprivileged patients with kidney and heart ailments.

My Gift RM400 RM200 RM100 RM_____ (please specify)

For online / inter-bank fund transfer / Maybank (payee corp) / CIMB clicks / money order / cheque no.

made payable to **MAA Medicare Charitable Foundation (Maybank Account: 5140 4861 0390)**

For credit / debit card

VISA MasterCard Signature _____

Card No.

Expiry Date (mm/yy)

2 MONTHLY *Gift* CONTRIBUTION - Credit Card

Yes! I would like to make a **monthly *Gift*** contribution of :

RM400 RM200 RM100 RM50 RM_____ (please specify)

Credit Card Type VISA MasterCard Signature _____

Card No.

Expiry Date (mm/yy)

(Minimum donation of RM10 monthly. Tax Exemption Receipts will be issued at the end of the year for this *Gift* Programme)

3 MONTHLY *Gift* CONTRIBUTION - via Bank Accounts

Yes! I would like to make a **monthly *Gift*** contribution of :

RM 400 RM 200 RM 100 RM50 RM_____ (please specify)

Bank Account Maybank RHB

Account no.

IC number (new)

Email _____ Signature _____

(Minimum donation of RM10 monthly. Tax Exemption Receipts will be issued at the end of the year for the *Gift* Programme)

4 Yes, please use my donation towards:

- Supporting patients on dialysis treatments
 Supporting patients for cardiac treatments
 Both the programs



Terima Kasih 謝謝 Thank You