

Name: _____
Organization: _____
Address: _____

Tel: _____ (office) _____ (mobile)
Fax: _____ Email: _____

Please indicate the name to be printed on tax exempt receipt:

Note:
All cash donations are tax deductible (within Malaysia).

Remember to provide your details so that we can issue the tax exempted receipt. If you have made a contribution and have not receive the receipt, please contact us at the details below.

If you would like to know more about assisting us, please contact us at:-



MAA Medicare Charitable Foundation

2nd Floor, Wisma MAA Medicare
No 183 Jalan Sultan Azlan Shah
(formerly known as Jalan Ipoh)
51200 Kuala Lumpur
Tel : 03-4044 4468
Fax: 03-4043 4468

Email : fundraising@maa.my
facebook.com/kidneycharityfund
@MAA_Medicare
maamedicare
www.maa-medicare.org.my



Patients' Welfare Fund

The Patients' Welfare Fund (PWF) was established in 2009 with the intention to assist patients, who are in dire need of financial assistance. Since its inception, hundreds of poor patients, who can barely make ends meet have been assisted with FREE monthly groceries, FREE transportation, additional dialysis treatments, blood tests, and extra medication.

The Foundation believes in extending these subsidies and assistance so as not to further burden these poor patients. Via the PWF programme, monthly birthday celebrations and activities are sponsored. Mother's day and Father's day, talks, festive celebration and activities are little gestures to put a smile on the faces of these needy patients.

Over RM1 million has been utilised and we urge you to assist us; to care, share and support a noble cause.



Patients' Welfare Fund



How you can assist?



Home visit & Groceries



Free EPO medication



Hospital visit



Gotong-royong at patient's home



Free transport



Free consultation by visiting nephrologist, Dr. Ng



Patient counselling by Prof. Emeritus Datin Dr. Norella Kong



Officiation of the PWF programme in 2009 by YBhg Tan Sri Dato' Lee Lam Thye & Prof. Emeritus Datin Dr. Norella Kong

1) **CASH** - any amount, as it all adds up
RM _____ via:

Please tick () where applicable
Enclosed is my payment via;

DIRECT REMIT
(MAA Medicare Kidney Charity Fund)

Via Maybank2U
Account No: 514048417872

Via RHB online
Account No: 2-14129-0019144-1

2) **CREDIT CARD**
Debit from Credit Card account:

Visa Mastercard

Card number: _____

Expiry date: _____

Signature: _____

3) **CHEQUE**
Cheque as attached _____
(payable to MAA Medicare Kidney Charity Fund)

4) **IN KIND**
You may consider donating either medical equipment for the use by our patients or by our clinical staff.

Wheel chairs/syringes/weighing machines and blood pressure machines.

Festive hampers

Gifts (non health related products)

Others (please state) _____

