

If the name is different, or if you are a new donor

Name : _____
Address : _____
Contact No : _____
E-mail : _____

1 ONE-TIME CONTRIBUTION

Yes! I want to give HOPE to needy kidney patients with my *Gift* of :

RM200 RM100 RM50 RM_____ (please specify)

I enclose a cheque / money order no. _____

made payable to **MAA MediCare Kidney Charity Fund**

Please debit my

VISA MasterCard AMEX Diners Signature _____

Card No.

Expiry Date (mm/yy)

2 MONTHLY GIFT CONTRIBUTION - Credit Card

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

RM100 RM50 RM10 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 the *Gift* Programme)

3 MONTHLY GIFT CONTRIBUTION - Bank (Savings Account)

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

RM 100 RM 50 RM 10 RM_____ (please specify)

Bank Account Maybank RHB Signature _____

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 My donation will go towards the following programme(s) :

- Subsidized Dialysis Treatment Programme
- New Dialysis Machines
- Kids@Medicare (school going children of patients on dialysis)
- Patient Welfare Fund (medication / injections (EPO) required by patients)

"On behalf of 700 of my friends at Medicare's 12 centres, a big THANK YOU for your generous contribution. May God bless YOU with good health"

- Tian Brothers

