

DONATION FORM



Donor Details

Title: Mr Mrs Miss

Race: Malay Indian Chinese Others

Name (as per IC): _____

(BLOCK LETTERS)

NRIC: _____ Business Reg No.: _____

Passport No: _____

Address: _____

(BLOCK LETTERS)

State: _____ Postcode: _____

Contact No. : _____ (HP) : _____ (Office)

: _____ (H) : _____ (Fax)

Email: _____

Auto Debit Authorisation (Bank)

Account Holder Name: _____

Account Type: **SOLE ACCOUNT ONLY** Savings Current

Account No: _____

Bank Name: _____

I hereby authorize ANY BANK to debit my account above after receiving instructions from TLJCF and I agree to pay the nominal of RM1.06 (inclusive 6% government tax) per successful transaction to the bank for the provision of the Auto Debit Services by debiting my account where the donation is made from.

Dengan ini saya membenarkan MANA-MANA AKAUN BANK untuk mendebit akaun saya sama seperti yang dinyatakan di atas berikutan arahan yang diterima daripada YKTLJ dan saya juga setuju untuk membayar RM1.06 (termasuk 6% cukai kerajaan) daripada akaun saya kepada bank berkenaan bagi setiap transaksi yang berjaya dilakukan sebagai caj perkhidmatan debit langsung ini.

Preferred Amount of Donation

Frequency (please select): One Time Donation : RM _____

Monthly : RM _____

6 Monthly : RM _____

(Donor Signature)

via TLJCF website

TUNKU LAKSAMANA JOHOR CANCER FOUNDATION

NO 1, LEVEL 2, SULTAN ISMAIL BUILDING, KOTA ISKANDAR, 79100 ISKANDAR PUTERI, JOHOR, MALAYSIA

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