

PUSAT HEMODIALISIS MAWAR
爱心洗肾中心

PUBLIC RELATION DEPARTMENT
PUSAT HEMODIALISIS MAWAR

71, Jalan Rasah, 70300 Seremban,
 Negeri Sembilan Darul Khusus, Malaysia.

Tel: 606-764 7043, 764 7048 Fax: 606-7647092

Website: www.mawar.com.my

YES! I would like to help poor kidney patients will contribution of.

● Amount of contribution (please tick/fill in appropriately)

Monthly RM 100 RM 50 RM 20 RM10 Other: RM _____

One-time RM 300 RM 200 RM 100 RM50 Other: RM _____

Annual Sponsor Member RM120 Life Sponsor Member RM1200

(Life Sponsor Member will issued our certificate)

● Payment mode (Please tick/fill in appropriately)

Credit Card Card No:

Name on card: _____

Visa

Mastercard Expiry (mm/yy)

Cheque/ postal order no: _____

(payable to **Pusat Hemodialisis Mawar**)

For direct deposit into **Public Bank a/c no. 3062439608**, please send/fax the deposit slip together with this form to receive your **tax-exempt** receipt.

 (Signature)

● Donor information

Name:

Corporate Name:

New IC no:

New IC no:

Contact no:

Contact no:

Email:

Email:

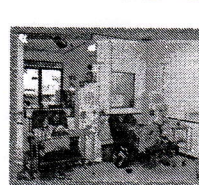
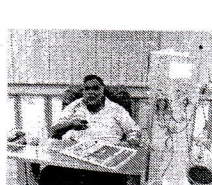
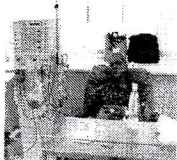
Home Address:

Corporate Address:

Yes, please send me a tax exemption receipt.

No, I don't need any acknowledgement.
 (This would help us save postage)

Name on tax exemption receipt: _____



Thank you for supporting our 630 Dialysis Patients