



“MY GIFT OF HOPE” DONATION FORM

My Particulars

*Name (Tan Sri / Dato’ / Dr. / Mr. / Mrs. / Ms. / Mdm.)	
*New NRIC	
*Company	
*Address	
*Contact No	
*Email	

***Note: For tax exemption purposes**

P/S: Should you not be able to donate at this time, do keep this donation form for future contribution or share it to your friends. For those who would like to contribute time and energy, we have active Volunteerism Programs worth exploring. Please do not hesitate to contact us at 016 208 2988 or 03 4050 2541 for enquiries.

ALL DONATION ARE TAX-DEDUCTIBLE

Persatuan Kebajikan HOPE *worldwide* Kuala Lumpur
Unit 26-3, Boulevard Sentul Raya, Jalan 14/48A, 51000 Sentul, Kuala Lumpur.

My Gift of HOPE

<input type="checkbox"/> RM100	<input type="checkbox"/> RM1,000	<input type="checkbox"/> RM200	<input type="checkbox"/> RM5,000	<input type="checkbox"/> RM500	<input type="checkbox"/> RM10,000
<input type="checkbox"/> Others (please state) RM _____					
<input type="checkbox"/> Monthly pledge of RM _____					
<input type="checkbox"/> Cheque / Postal Order RM _____					

Donation Method

<p>1. By Banking in Direct credit to: CIMB Bank Acc No.: 8600-0605-11 And fax the bank-in slip to 03-4041 0662</p>	<p>2. By Cheque Cheque/PO/MO No.: _____ Date: _____ Kindly cross all Cheque / Postal Orders/ Bank Drafts in favour of “Persatuan Kebajikan HOPE <i>worldwide</i> Kuala Lumpur”</p>
<p>3. By Credit Card <input type="checkbox"/> Visa Card <input type="checkbox"/> Master Card Cardholder’s Name: _____ Card No: _____ - _____ - _____ Expiry: _____ / _____ Signature: _____</p>	
<p>4. By Online Donation www.hopeww.org.my and click DONATE NOW or click here</p>	

I would like my Gift of HOPE to go towards the following programs (please *v* in the column box to indicate your selection):

<input type="checkbox"/>	Clinic of HOPE, Sentul, Kuala Lumpur	<input type="checkbox"/>	Free Paediatric Clinic, Penang
<input type="checkbox"/>	Free Mobile Clinic, Penang	<input type="checkbox"/>	MY Reading Program
<input type="checkbox"/>	Creative Art Program	<input type="checkbox"/>	Food Distribution Program
<input type="checkbox"/>	1 Stop IT Resource Centre (Community Computer Centre)	<input type="checkbox"/>	Football for HOPE Program
<input type="checkbox"/>	School Sponsorship Program	<input type="checkbox"/>	General Funds
<input type="checkbox"/>	Others (please state) _____	Note: Please note that funds will be distributed evenly unless indicated by donor	