



EWRF
PPM-001-14-02011979

EDUCATIONAL, WELFARE & RESEARCH FOUNDATION MALAYSIA

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Tel: 03-7710 0140 Fax: 03-7710 0096 Email: fundraising@ewrf.org.my



I hereby express my wish to make a contribution to the Educational, Welfare & Research Foundation Malaysia.

LHDN 01/35/42/51/179-6-5253

PARTICULARS OF DONOR

Title

Name

NRIC / Co. Reg Birthdate

Address

Postcode State

Tel No : (H) Email (personal) :

(H/P) Email (business) :

(O)

DONATION - DEDUCTION BY CREDIT CARD

MODE OF PAYMENT

Monthly

Quarterly

Annually

QUANTUM OF CONTRIBUTION

Please tick your preferred amount for monthly donation

RM 50	RM 75	RM 100	RM 200	Others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cardholder's Name

Card Number

Expiry Date / Issuing Bank : _____

- * I understand that my card will be charged according to the amount stated above.
- * I will keep EWRF updated if there are changes to my card or account. (For the duration of the contribution)
- * This instruction shall remain in force until it is revoked by me in writing.

X

Signature of Card Holder (as per Bank records)

.....

Date

DONATION BY ONLINE BANKING OR CHEQUE

ONLINE PAYMENTS - Payment by Online Banking can be done to (EWRF) - CIMB BANK Account : **8001119682**

CHEQUE PAYMENTS - Payable to : (Educational Welfare & Research Foundation Malaysia)

X

Donor's Signature

.....

Date

Donation Amount RM

Kindly contact us and provide details of your contribution to enable issuance of the Tax Exemption receipt

FOR OFFICE USE ONLY

Introducer Details

Name

Date

Details of account holder checked & confirmed by

.....
Name & Date

OUR REF :

HQ BR