



PERTUBUHAN PENYAKIT LISOSOMAL MALAYSIA
MALAYSIA LYSOSOMAL DISEASES ASSOCIATION

马来西亚溶酶体疾病协会 (Reg. No.:2621-11-NSE)

No. 1520, Jln Berlian 5, Tmn Bkt Kaya, 70200 Seremban, NS.

Contact 电话: 019-6899620 Email电邮: donation.mlda@gmail.com

Contribution 捐助 (Please tick/fill in appropriately 请在正确的格子内打勾及填妥资料)

- Monthly 每个月 RM30 RM50 RM100 Other其他: RM _____
- **Deductions will continue till we receive 30 days written notice from you to cease deduction 如要终止月捐, 请给予我们30天的书信通知
- ONE-TIME 一次性 RM100 RM200 RM300 Other其他: RM _____

Payment Mode 付款方式(Please tick/fill in appropriately 请在正确的格子内打勾及填妥资料)

Credit Card 信用卡 Name on Card卡主: _____

Visa Master Card No.卡号: _____ - _____ - _____ Expiry 有效期: MM / YY

Cheque 支票 Number 号码: _____ Paying Bank 支付银行: _____
(Payable to 支票抬头 PERTUBUHAN PENYAKIT LISOSOMAL MALAYSIA)

Cash 现金 (For direct deposit into 现款汇入Public Bank A/C No.: 3169692035)
(Please send/email the deposit slip together with this form, 请通过邮寄/电邮附同捐款表格寄回存款表格单据)

Online Transfer 网上转帐 Ref. No. 转帐号码: _____

Tell us a little about yourself 捐助人资料

(* Please delete whichever not applicable & fill up appropriately * 请选择性删除及填妥资料)

Name 个人名字/(Company公司名号)*:

IC No. 登记号码/(Company Reg. No.公司注册号码)*:

Address地址:

.....

.....

Tel电话: H/P手机: Email电邮:

Date日期: _____ Signature签名: _____

I hereby acknowledge this form has been filled out by myself and allows deductions to be made by MLDA as above details given.
我在此证实我个人亲自填写表格, 并允许马来西亚溶酶体疾病协会依照表格做出适当扣除。

For Office Use

Date Received: _____ Handled by: _____