

1 MY PERSONAL PARTICULARS

Name (in BLOCK letters) :		E-mail :
		Tel (h) :
Title (Dato', Dr, Mr, Mrs, Ms) :		Tel (o) :
		Tel (m) :
Mailing Address :		Name to be printed on tax exempt receipt (if different from above) :
	Post Code :	

2 MY MONTHLY CONTRIBUTION

YES! I would like to make a monthly contribution of (please tick)

RM30 RM40 RM50 RM _____ (please specify)

to The Budimas Charitable Foundation.

Please debit my credit card :

VISA MasterCard Diners

Card Number :

Expiry Date (mm/yy) : Date : _____ Signature : _____

Please note that Tax Exemption Receipts will be issued at the end of the year for all donations received (cumulative amount).



3 MY ONE-TIME CONTRIBUTION

YES! I would like to make a one-time donation of RM _____ (please specify)

to The Budimas Charitable Foundation.

Please debit my credit card:

VISA MasterCard Diners

Card Number :

Expiry Date (mm/yy) : Date : _____ Signature : _____

I Can Smile Becos you CARE