

“ Living in a world without cancer ”



## Every ringgit you donate makes a difference

Asni Zanfaridah is a mother who lives in our Children's Home of Hope with her daughter Nur Qaisara Batrisyia, who is affected by cancer and undergoing treatment at the General Hospital of Kuala Lumpur.

Originally from Klang, Asni had to leave her husband, their youngest son and work to care for Batrisyia in Kuala Lumpur. A mother is a very important individual in our lives. Any mother would be willing to do anything for her child's happiness and well-being, even at the expense of her personal life, including her own health, in the best interest of her child.

*"As mothers, we need to be strong to go through the test given by God and be grateful to receive such tests. We must show the children, that we are strong to face all these hurdles, and that our children will be strong enough to survive the illness they are going through."*

– Puan Asni Zanfaridah Binti Abu, mother of Nur Qaisara Batrisyia.

Your kind donation will go a long way in supporting the work of NCSM in our fight against cancer. You are why the public will be equipped with better cancer knowledge. You are why another mother or father, husband or wife, son or daughter, will get to celebrate another new year with their family. You are why our cancer survivors will gain more confidence and go on to help other cancer patients.

If you wish to contribute, please fill out the form at the back of this page. Your consideration and generosity to donate to our Society is greatly appreciated by the entire NCSM community.

Thank you.



Find out more about Batrisyia's story

**REPLY PAID / JAWAPAN BERBAYAR**  
**MALAYSIA**  
**No. Lesen: BRS 2224 K.L**

**National Cancer Society Malaysia**  
**P.O. Box 12187**  
**50300 Kuala Lumpur**

NO STAMP REQUIRED  
SETEM POS TIDAK DIPERLUKAN

# DONATION FORM / BORANG DERMA



I want to support and donate to The National Cancer Society of Malaysia /  
Saya ingin menyokong dan menderma kepada Persatuan Kebangsaan Kanser Malaysia.

Name (IC) / Nama (KP)* :
Address / Alamat* :
I.C. or Passport No. / No. KP atau No. Pasport *:
Contact No. / No. Telefon* : <span style="float: right;">Gender / Jantina : M / F</span>
Email / Emel* :

\*Compulsory to be provided by a donor in accordance to the Guidelines by LHDN dated September 5, 2019 for issuance of official receipt and tax deductible receipt  
Wajib dikemukakan oleh penderma berdasarkan Garis Panduan oleh LHDN bertarikh 5 September 2019 untuk pengeluaran resit rasmi dan resit pengecualian cukai

Please Tick ( / ) for Option 1, 2 or 3 / Sila Tanda ( / ) pada Pilihan 1, 2 atau 3

## 1. Monthly Donation (Credit/Debit Card) / Derma Bulanan (Kad Kredit/Debit)

RM50    RM75    RM100    RM\_\_\_\_\_

## 2. One Time Donation (Credit/Debit Card) / Derma Sekali (Kad Kredit/Debit)

RM100    RM200    RM300    RM400    RM500    RM\_\_\_\_\_

Card / Kad : <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Debit Card
Issuing Bank / Nama Bank :
Card No. / No. Kad : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name On Card / Nama Pada Kad :
Expiry Date (month/year) / Tarikh Luput (bulan/tahun) : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

I allow deduction to be made by The National Cancer Society of Malaysia (NCSM) as per details given above.  
Tax deductible receipt will be issued for donations of RM50 and above. / Saya membenarkan penolakan derma dilakukan oleh Persatuan Kebangsaan Kanser Malaysia seperti butiran di atas. Derma RM50 dan ke atas akan dikemukakan Resit Pengecualian Cukai.

Signature / Tandatangan : \_\_\_\_\_ Date / Tarikh : \_\_\_\_\_

## 3. By Cheque / Melalui Cek

Payable to / Sila bayar kepada : "The National Cancer Society of Malaysia"

NCSM respects the privacy of individual with regard to personal data and does not share your data with third party without your consent. Please tick the box below if you do not wish to receive any information from us / NCSM menghormati privasi individu berkenaan data peribadi dan tidak akan berkongsi data anda dengan pihak ketiga tanpa persetujuan anda. Sila tandakan kotak di bawah jika anda tidak ingin menerima apa-apa informasi daripada kami.

I do not wish to receive any communication from NCSM / Saya ingin dikecualikan daripada senarai komunikasi NCSM.