



DONOR / CONTRIBUTION FORM

PERSONAL DETAILS		
Name		
Rotary Club / NGO / Association/Cooperation		
Position held at Rotary, NGO or Association.		
Email		
Mobile Phone Number		
Contribution By (Please tick one)	<input type="checkbox"/> Rotary Club	<input type="checkbox"/> NGO or Association <input type="checkbox"/> Corporations <input type="checkbox"/> Personal
<i>WE WOULD LIKE TO PARTICIPATE IN THIS SERVICE PROJECT BY CONTRIBUTING</i>		
OPTION 1		
NUMBER OF LIMBS	COST PER LIMB	TOTAL (RM)
	RM2500.00	RM
OPTION 2		
Cash contribution (Any Amount)		RM
TOTAL		RM

Cheque / Payment to:



Maybank Account Number 0122 3160 1242
The Rotary Club of Bandar Sunway

Name: _____

Signature: _____

Date: _____

Please email Bank in Slip & Completed Form to registration@rotarysunway.org
For details, please contact Organising Chair PP Dato Ram Nair at 012 - 288 2950.

Tax relief for cooperation's can be arranged on request.

