

ORDER FORM

I wish to order the following mooncake(s):

SET	Price/box (RM)	No. of Box(es)	Total (RM)
A	68.00		
B	68.00		
Grand Total (RM)			

I wish to sponsor the following mooncake(s) for NKF patients/patients family members:

SET	Price/box (RM)	No. of Box(es)	Total (RM)
A	68.00		
B	68.00		
Grand Total (RM)			

PAYMENT MODE (PLEASE TICK OR FILL IN APPROPRIATELY)

Name on Credit Card: _____

Card Number: [] [] [] [] [] [] - [] [] [] [] [] [] - [] [] [] [] [] [] - [] [] [] [] [] []

Valid thru: [M] [M] [Y] [Y] VISA MASTER

Cheque/ Postal Order Number: _____ RM: _____
(Payable to National Kidney Foundation of Malaysia)

Cash (for direct deposit into MAYBANK a/c number: 014011450041)

Transfer donation through Maybank2u or CIMB Cares. ref number: _____

OFFICIAL RECEIPTS ARE PROVIDED

CONTACT INFORMATION (PLEASE USE CAPITAL LETTERS)

Name: **Mr/ Ms/ Mdm** _____ Gender: **Male / Female**

NRIC No./Company Registration No.: _____

Address: _____

City: _____ State: _____ Postcode: _____

Contact: (H/P) _____ Email: _____

Signature / Company Stamp

Mooncake Collection Date

I hereby acknowledge this form has been filled to allow deductions to be made by NKF as above details given.