

DONOR'S FORM to WAO

I, _____ (I/C or Passport No: _____)
hereby authorize _____ to debit my
VISA/Credit Card an amount of RM _____ being donation to
Women's Aid Organisation.

Name : _____
Address : _____
Tel No : _____
Email Address : _____
Cardholder's name : _____
Card No : _____
Expiry date : _____
Issuing Bank : _____

COMMITMENT

YEAR	AMOUNT			
	RM 10 000	RM 5 000	RM 1 000	Other amount
2008				
2009				
2010				
2011				
2012				

Cardholder's Signature

Date

Name:

I/C No:

Postal address: Women's Aid Organisation
PO Box, 493, Jalan Sultan,
46760 Petaling Jaya,
Selangor, Malaysia