

[1] PERSONAL DETAILS

NAME: _____ [Individual/ Business Organisation]

ADDRESS: _____

TELEPHONE: _____ [HSE] _____ [OFF] _____ [HP]

EMAIL: _____

[2] OFFERINGS

Kindly specify the areas in which you would like to give by indicating [a] at the respective box:-

- General Fund RM
- Eagles Dialysis Centre Bhd [EDC] RM
- Missions/ Evangelism Fund RM
- Social Fund RM
- Pastors' Fund RM
- Others: _____ [please specify] RM

[3] CREDIT CARD PARTICULARS

[please tick the appropriate box]

Visa Master Expiry Date:

Credit Card Number:

Signature of cardholder:

Name of cardholder:

Date: