



PERSATUAN BAGI ORANG-ORANG PEKAK SABAH

SABAH SOCIETY FOR THE DEAF

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Donation Form

Name (specify title): _____

Address: _____

_____ Postcode: _____

Tel No: _____ Fax: _____ HP: _____

Email Address: _____

Amount: RM 50 RM 100 RM 200 RM 500 RM 1,000

Other Amounts (RM): _____ (please specify)

Donation is enclosed, Cheque No: _____
For direct remittance, please bank into **Public Bank Berhad A/C No: 3126229925**

Please fax or mail the bank-in slip. All cheques, money orders and postal orders should be made payable to **SABAH SOCIETY FOR THE DEAF**. Tax exempt receipts will be issued for all donations (JHDN./01/35/42/51/179-6).