

response form

Please tick where applicable.

Participate

> To join a DIY Camp, please sign up at www.worldvision.com.my

I want to fast on my own. Please complete the "Donate" section.

Note: Expectant mothers, people suffering from diabetes, gastric, ulcers, heart disease and hypertension should first obtain certification from qualified medical doctors.

Donate: Give to the Famine Fund

Famine Participants are required to make a minimum donation of:

> RM80 for students/senior citizens (aged 55 years old and above)

> RM120 for non-students

Non-participants are free to give donations of any amount.

I would like to give RM _____ to the Famine Fund.

Name (as per IC): _____

Gender: M / F Age: _____ Religion (optional): _____

IC/Passport No.: _____

Address: _____

Postcode: _____

Tel: (H) _____ (Hp) _____

Email: _____

Occupation: _____ Preferred Language: English/Chinese

How did you hear about the Famine? _____

Credit Card

MasterCard Visa

Card Holder's Name _____

Card No | | | | | | | | | | | | | | | | | | | | | |

Signature: _____ Expiry Date

_____/_____/_____(MM/YY)

Please complete and fax this form to: (03) 7880 6424

Cheque/Wang Pos

Cheque/Wang Pos No.: _____

Payable to **World Vision Malaysia Berhad (30 Hour Famine Fund)**

Please complete and mail this form together with the cheque/wang pos to PO Box 8171, Kelana Jaya, 46783 Petaling Jaya, Selangor.

Cash (For walk-in only)

Contributions to World Vision Malaysia are not tax-deductible.

The Famine Countdown is open to all who give the minimum donation. Would you like to attend? Yes No

If you are attending the Famine Countdown, please complete this section:

I hereby agree to abide by the rules and regulations of the 30-Hour Famine. I declare that I am medically fit and am participating in this event at my own risk and will not hold the Organisers responsible for any injuries, death and other losses or damages that may be sustained before, during and after the event. I further undertake to indemnify you and keep you indemnified against any claims that may be brought against you in respect of the above.

Participant/Guardian's* Signature: _____

Guardian's* Name: _____

*If camper is below 18 years old.

In case of emergency, contact:

Name: _____

Relation: _____

Contact No: _____

Upon receiving your form, World Vision will issue an official receipt. Kindly bring the receipt for admission to the countdown. Thank you.



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