

NEW LIFE RESTORATION CENTRE

BLESS - CONTRIBUTION FORM

(Please email completed form to: bless@newlife.org.my)

Personal Information			
Contributor's Full Name (Per NRIC or Passport)			
Mobile Number		Email	
I prefer to make this contribution anonymously.			<input type="checkbox"/> Yes
Contribution Categories			
What kind of assistance would you like to contribute? You may tick more than one.			
<input type="checkbox"/> Monetary Assistance			
<input type="checkbox"/> Medical Assistance			
<input type="checkbox"/> Non-Monetary Assistance			
<input type="checkbox"/> Counselling			
<input type="checkbox"/> Others: _____			
Please describe further your assistance. (Your description should answer in detail how you can assist from the category you have ticked above.)			
Contributor's Signature Date: _____			
Contribution Details for Monetary Assistance			
Online Bank Transfer	Bank Name: Hong Leong Bank Account Number: 106-0001-0823 Account Name: New Life Restoration Centre Bhd *Under Recipient Reference, please indicate "Bless Fund".		
For Church Use Only			Ref No: BLESS Contribution #
Application Date:		Processed by:	
Contribution Details (Monetary Assistance)	Amount Received: Date of Transaction: Transaction Reference No: *Please attach Receipt of Transaction.		
Other Contribution Details			