

“You matter
because you are you,
you matter to the last
moment of your life.”

- DAME CICELY SAUNDERS,
founder of modern palliative care movement

Because Hospis Malaysia practises evidence-based medicine, and because we care, Hospis Malaysia is constantly asking questions. Please give us a minute of your time, and help us understand you better by answering the following questions:

1. Do you think you would want to be told if you were diagnosed with a serious illness?

- ☐ Yes
☐ No

2. If you had a serious life-limiting illness, where would you like to be cared for?

- ☐ Hospital
☐ Home
☐ Nursing Home
☐ Others (please state):

3. If you were suffering from a serious, life-limiting illness, what will be your main concerns?
(You may choose more than one)

- ☐ Will I suffer pain and other distressing symptoms?
☐ Will it be costly for me to be treated?
☐ How will my family cope when I am seriously ill?

Notice on Personal Data Protection Policy

The privacy and confidentiality of our donors is important to us at Hospis Malaysia. Although Hospis Malaysia as a charitable organisation is not subject to the Personal Data Protection Act 2010 (“Act”), as part of our commitment, we have updated our Personal Data Protection Notice (“PDP Notice”) to align with the high standards set under the Act. We will comply with the PDPA and will process your personal data in the manner as provided in Hospis Malaysia’s PDP Notice. By completing this form, you agree that any personal information which you have provided will be handled in accordance with our PDP Notice. You can obtain a copy of the PDP Notice from our office or visit our website at www.hospismalaysia.org. If you have any queries or concerns, please contact us at the contact details provided in the PDP Notice.

GET IN TOUCH

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CONNECT



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HM Center of
Palliative
Care

Hospis Malaysia



BE A HOSPIS MALAYSIA DONOR

and help us make a difference
in the lives of our patients and
their families.

hospismalaysia.org



RM 50

OUR COST OF TREATING ONE PATIENT *PER DAY*

And this will cover:



Regular home visits by a member of our clinical team to treat and counsel the patient and family



Medications and medical supplies



Loan of medical equipment (when available)



Access to a 24-hour emergency call service

As all this is provided to our patients at no charge, we rely substantially on donations from the public to sustain our services.

By making a one-time donation or pledging to donate regularly to Hospis Malaysia, you will help make a difference to the quality of life of our patients and their families.

DONATION FORM

NAME

NRIC/
CO. REG
NO*

TEL NO.

EMAIL

ADDRESS

POSTCODE

*For tax exemption receipts, please indicate exact name and personal identification number. For more details, visit <http://www.hospismalaysia.org/donations/>

THIS SECTION IS FOR SINGLE DONATIONS

Please accept my contribution of

☐ RM 50 ☐ RM 100 ☐ RM 200 ☐ RM 500

☐ Other amount RM
(please specify amount)

☐ By cheque attached
No :
(Please make cheque payable to HOSPIS MALAYSIA)

☐ Via direct remittance to HOSPIS MALAYSIA
Maybank A/C No : 5141 3212 1211
To receive an Official Receipt, please provide supporting documents by fax or e-mail

☐ By Credit Card (Visa / MasterCard / Amex)
Card No :
Expiry Date :
*For Amex, please provide 4-digit security code :

Signature

Date

THIS SECTION IS FOR REGULAR DONATIONS

I would like to donate:

Please accept my contribution of

☐ RM 50 ☐ RM 100 ☐ RM 200 ☐ RM 500

☐ Other amount RM
(please specify amount)

☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly

Start from Month Year to Month Year

☐ By Credit Card (Visa / MasterCard / Amex)
Card No :
Expiry Date :
*For Amex, please provide 4-digit security code :

Signature

Date