



ROLF – Grant A Wish on Children’s Day 2009

生命的彩虹-儿童节圆梦活动2009

- A Community Initiative Project by CreatiVision D. C. Sdn. Bhd.
- 由 CreatiVision D.C 有限公司倡导的社会关怀计划



Grant-A-Wish Form 圆梦表格

(One form for One Wish Granter/ donor only 一张表格只限于一个赞助/捐献单位)
(One form for One wish only 一张表格只限圆一个梦)

NAME 姓名 (FULL NAME 全名):			
NRIC No.(NEW)新身份证号码:		RACE 种族:	
DATE OF BIRTH 出生日期:		SEX 性别:	MALE 男 / FEMALE 女
ADDRESS 地址:			
CITY 城市:		POST CODE 邮区编号:	
STATE 州属:			
HOME TEL 住家电话号码:		MOBILE 手机电话:	
OFFICE TEL 办事处号码:		FAX 传真号码:	
EMAIL 电邮:			

Wish Granting List 圆梦选择:

	CODE NO. 编号	NAME 姓名	ITEMS 礼物
1st Choice 选择(一)			
2nd Choice 选择(二)			
3rd Choice 选择(三)			

In the event that the particular wish is granted, the donor is requested to take up the 2nd option recommended by the organiser. 若有关愿望已有人认捐，主办单位将推荐第二选择。

*** All forms should reach Organizer not later than October 15, 2009. Forms received after October 15, 2009 will not be entertained.** 所有表格必须在 2009 年 10 月 15 日或之前呈交予主办单位，逾期恕不受理。

FOR OFFICE USED ONLY 秘书处专用

DATE RECEIVED 收到日期		ACCEPTED BY 接收:	
STATUS 情况:		APPROVED BY 批准:	

Gift Handover Date/Time :

礼物移交日期/时间

I have read, understand and agree to be bound by the terms and conditions governing the ROLF – Grant A Wish on Children’s Day 2009 which may be amended from time to time. I declare that the information provided in this form is true and correct.

我已审阅,同意及了解生命的彩虹儿童节圆梦活动 2009 的条规可随时更改。我证实在此表格提供的资料正确无误。

Signature of Donor 捐献者签名

Name 姓名:

Date 日期: