

Donation Request Form

In loving memory of

I am donating amount to benefit disadvantaged children in the philippines

DONOR DETAILS

Name

Address:

Contact No.:

Email:

PLEASE CHARGE MY CREDIT CARD

Please charge my credit card.

I am mailing my check donation together with this form.

Please pick-up my cash donation (within Metro Manila only).

Card Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiration Date:

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
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Signature

CVV / CVC No.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Kindly cut and fax to:
(632) 9010195 or
(632) 7294529



Or send to:
P.O. Box 1076 Makati Central
Post Office 1250, Makati City