



Pledge Form

The CAMILLIAN SISTERS
BAHAY KANLUNGAN NI MARIA DOMENICA
A Nursing Home for the Elderly and the Handicapped
Donor Information (please print)

Name	
Billing address	
Postal Address	
Resident Address	
Telephone Number	
Cellular phone	
Fax	
E-Mail	

Pledge Information (Reference Number _____)

1. I (we) pledge a total amount of Php _____
2. I (we) plan to make this contribution in the amount of _____

- Php 400.00 monthly
- Php 1200.00 quarterly
- Php 2,400.00 Semi-annually
- Php 4,800.00 yearly

in the form of cash check credit card other.

Name of the resident I wish to adopt: 1. _____
2. _____
3. _____

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

1. _____

2. _____ I (we) wish to have our gift remain anonymous.

Full Name & Signature _____

Date _____

Please make checks, corporate matches, or other gifts payable to:

The Camillian Sisters Bahay Kanlungan ni Maria Domenica, Inc
or you can deposit to our Account Number:

**The Camillian Sisters Bahay Kanlungan ni
Maria Domenica, Inc
at BPI Family Bank Masinag Branch
Account Number 6231-016-617**