

# Donation Form

Please print, fill-up and send by mail or fax to:

## Dualtech Center

Don Ramon A. Yulo Campus, Productivity Drive, Carmelray Industrial Park 1  
Canlubang, Calamba City, 4028 Laguna  
Fax number: +(63) 02-8886420

Donor's Name	
Mailing Address	
City	
Country	
Postal Code	
Home phone	
Mobile phone	
E-mail	

## Donation

A One-Time Donation, In The Amount Of:

5,000  2,500  1,000  500  100  50  Other: \_\_\_\_\_

A Repeating Donation, As Follows:

A sum of \_\_\_\_\_ once every  Month  Quarter  Year, amounting to a Total of \_\_\_\_\_

Matching Contribution:

Does your employer match donations? YES / NO

Please enclose a signed Matching Donation Form from your employer, if applicable.

## Method of Payment

<input type="checkbox"/> Check	Please make check payable to <b>Dualtech Training Center Foundation, Inc.</b> and mail it together with this Form.
<input type="checkbox"/> Credit Card	Credit Card type: _____ Credit Card number: _____ Expiration date: _____  Authorized Signature: _____
<input type="checkbox"/> Bank Deposit	Please deposit to any branch of <b>Bank of the Philippine Islands (BPI)</b> Savings Account Name: <b>Dualtech Training Center Foundation, Inc.</b> Savings Account Number: <b>8461-0023-32</b> BPI Branch: Silangan Canlubang Please send or fax deposit slip together with this Form.
<input type="checkbox"/> Other	Please specify method of payment: _____

## Acknowledgement Information

I/We prefer that this gift remain anonymous.

Please use the following name/s in all acknowledgements:

Name/s: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

**Donor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_