ARNOLD JANSSEN
CATHOLIC MISSION FOUNDATION INC.

Satellite Office:
SACRED HEART PARISH SHRINE
28 Scout Ybardolaza St., Sacred Heart, Quezon City, 1103
Tel. No. (02) 8532-3020 / 0908 8250496
Website: www.ajcmfials.com

SAGIP DUNONG AJ ALS SPONSORSHIP COMMITMENT FORM

Donor's Name: _____

Contact Number/s: _____

Home Address/Email Address: _____

Please check the appropriate box representing amount of your sponsorship/donation:

☐ SUSTAINING

☐ Monthly	( ) P 500	( ) P 1,000
☐ Semi-Annual	( ) P 3,000	( ) P 6,000
☐ Yearly	( ) P 6,000	( ) P12,000

☐ ONE-TIME

☐ Gift-A-Center (ex. Learning or sports equipment, appliances, others)
Please specify _____

☐ Legacy Donor (ex. Facility construction, vehicle, etc.)
Please specify _____

Please choose preferred sponsorship/donation channel:

☐ Cash Payment to AJ ALS Office

☐ Bank Deposit to AJ ALS depository bank/s

Account Name: ARNOLD JANSSEN CATHOLIC MISSION FOUNDATION, INC.

BANCO DE ORO (BDO)

	Account Number:	00154-01634-99
		00154-01761-40
	Swift code:	BNORPHMM

CHINA BANKING CORPORATION (CBC)

PHP	Account Number:	1416-0000-0384
	Swift code:	CHBKPHMM
USD	Account Number:	1416-5200-0099

☐ Digital Transfer
- ☐ Gcash
- ☐ Others: (Paypal, Donor Box, etc.)

☐ VOLUNTEER SERVICE (On-Call teacher, IT professional, counsellor, catechist, etc.)
Please specify, if desired_____

ACKNOWLEDGEMENT AND CONSENT:

☐ I permit AJ ALS to acknowledge me/my organization in ALS newsletters.

☐ I prefer to remain anonymous.

☐ I consent to being contacted for future ALS initiatives.

_____
SIGNATURE over PRINTED NAME **Date**

THANK YOU FOR YOUR GENEROSITY AND SUPPORT! TOGETHER, WE MAKE EDUCATION ACCESSIBLE TO ALL!

FOR ALS USE ONLY Received by:_____ Date_____
Remarks_____