

St.Vincent De Paul Foundation
DONATION FORM

NOTE: After filling up this Donation Form, kindly send it back via email or Fax #(02)526-6498, (02)524-0373
THANKYOU for your blessed generosity. Your name will be included in the Roster of Donors and remembered
in the daily Thanksgiving Masses & Prayers of the Vincentian Fathers /Brothers of the Congregation of the Mission

I,(Name of Donor)_____ hereby voluntarily donate
the sum of (any amount/ currency)_____

via the following :

Cash or Check Deposit to St.Vincent De Paul Foundation, Inc
Account No .0173-1270-73 Bank of the Philippine Islands

Charge to my Credit Card: Visa Mastercard Other Cards _____
Credit Card Number (pls.write clearly) _____
CVC Number (last 3 digits at the back of Credit Card) _____ Card Expiry Date _____

Cardholder Name _____ Signature _____

Address _____

Tel.Nos. _____ Email Address: _____