

DONATION REPLY FORM: Donations can be done by cash, cheque or charged to BPI credit cards. Please address cheques to PGH Medical Foundation, Inc. and mail to us or you can call us for pick-up. For charging with BPI credit cards, please do not forget to fill-up REPLY FORM on the second column and fax to 536-2874.

Yes, I want to help!

- Annual pledge
Amount: _____
- One-time donation
Amount: _____
- Medicines & supplies
Specify: _____
- Others: _____

BPI Credit card charging REPLY FORM

NOTE: You may cancel your donation anytime, just call us.

- Please charge my credit card. Amount: _____
- BPI Express Credit
 - BPI Express Credit Master
- Credit Card No. _____
- Expiry Date: _____
- CVV2/CVC2 (last three digits printed on signature panel at the reverse side of card for MasterCard)
- Signature _____ (IMPORTANT)

Your full name

- Title _____ First _____ MI _____ Last _____
- Mailing address Home Office
- No. _____ Street _____ Town/Municipality _____
- City/Province _____ Zip Code _____
- Contact Numbers: _____
- Birthdate: _____
- E-mail Address: _____