



## SAINT MICHAEL COLLEGE OF HINDANG LEYTE PLEDGE FORM

Thank you for choosing to support Saint Michael College of Hindang Leyte Inc.!  
The impact of your gift will reach far beyond our campus, help cultivate bright minds, foster excellent student experience, power an engine of innovation and nurture the next generation of leaders.

### PERSONAL INFORMATION

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/Town \_\_\_\_\_ Province \_\_\_\_\_  
Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Company Name / Affiliation \_\_\_\_\_

### GIFT DETAILS

I would like to:  Make a one-time contribution of Php \_\_\_\_\_.  
 Become a monthly donor and give Php \_\_\_\_\_ each month.  
 Make a pledge of Php \_\_\_\_\_.  
To be paid:  Monthly  Quarterly  
 Semi-annually  Annually  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

#### This gift is to be allocated to:

- |   |  |
|---|--|
| <input type="checkbox"/> SMCHLI Greatest Need                   | <input type="checkbox"/> Scholarships & Financial Aid                    |
| <input type="checkbox"/> Facilities Development                 | <input type="checkbox"/> Information Technology Advancement              |
| <input type="checkbox"/> Athletics                              | <input type="checkbox"/> Faculty & Staff Development                     |
| <input type="checkbox"/> Employee Performance Excellence Awards | <input type="checkbox"/> Michaelian Formation, Outreach & Other Programs |
| <input type="checkbox"/> Other: _____                           |  |

### ADDITIONAL INFORMATION

- I wish to make this gift anonymously.  
 This donation is on behalf of a company.  
 This is a joint gift. Please also credit \_\_\_\_\_

### PAYMENT INFORMATION

- Cash / Check Donation  
 Direct Bank Deposit  
 Pledge  Send me a reminder.

Please make checks payable to: Saint Michael College of Hindang Leyte Inc.

#### BANK DEPOSIT DONATION

Account Name: Saint Michael College of Hindang Leyte  
Account No.: PNB - Savings Account - 312710030933

### AFFINITY

- I am a member of SMCHLI faculty or staff.  
 I am a parent of a SMCHLI student.  
 I am an alumnus of SMCHLI. Year Graduated from SMCHLI \_\_\_\_\_  
 Other \_\_\_\_\_

**THANK YOU FOR GENEROUS GIFT.**

For further information, please visit us at [www.smchindang.edu.ph](http://www.smchindang.edu.ph).