

PLEDGE FORM

ALUMNI RELATIONS OFFICE

*Please make your check payable to "Bicol University Alumni"

*You can also mail your donations to: BU Alumni Relations Office BUREPC Building Legazpi City

Name: _____

Last Name

First Name

M.I.

Home Address: _____ ZIP: _____

Office Address: _____ ZIP: _____

Telephone: _____ Email: _____

I pledge to Alumni Relations Office the amount of (Php) _____ as describe below:

METHOD: ☐ Check ☐ Cash

RECURRENCE: ☐ One-time ☐ Bi-weekly ☐ Monthly ☐ Quarterly

Start Date: _____ (mm/yyyy) End Date: _____ (mm/yyyy)

BANK DETAILS: Bank Name: _____ Bank Address: _____

Signature: _____ Date: _____

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