

pusa@dlsu.edu.ph 09xx-xxx-yyyy

CONTROL NO.:

CONTACT INFORMATION

APPLICANT'S NAME:	
ADDRESS:	
CONTACT NUMBER:	
EMAIL ADDRESS:	
SPONSORSHIP DETAILS	
NAME OF PET YOU :	
SPONSORSHIP CASH - AMOUNT: TYPE : IN-KIND - SPECIFY WHAT TYPE:	
WOULD YOU LIKE TO REMAIN ANONYMOUS?: YES NO INCLUDE HERE THE SPECIFICS ON HOW YOU WOULD LIKE TO AID DLSU PUSA ON ITS CAUSE	
THANK YOU FOR FILLING UP THE GODPARENT APPLICATION FORM! WE WILL GET BACK TO YOU AFTER WE SCREEN YOUR APPLICATION! ANIMO LA SALLE!	
-DO NOT FILL UP THIS PART-	
APPROVED	
DISAPPROVED	PRINTED NAME OF PERSON-IN-CHARGE WITH SIGNATURE