SPONSORSHIP COMMITMENT FORM

Date_____

SPONSORSHIP TYPE

□Personal **□Business**

CONTACT INFORMATION

Name/Business Name_____ _____
Residence/Business Address _____
Contact No(s). _____

CONTRIBUTION CATEGORY

□Cash **Amount:** _____ **(Php)**
(in words)
Please attach amount on this form

□Cash Deposit **Amount:** _____ **(Php)**
(in words)

Deposit to:
Account Name: **La Salle University**
Account Number: **3190006053**
Banco de Oro

Please fax the deposit to (088)521-1010

□In Kind **Description:** _____
_____

PROMOTION DETAILS (*Please indicate how we will advertise you or your company during the event)*

_____
_____
_____
_____

"I will continue Oh my God to do all my actions for the Love of You"

Given by

_____
Signature over Printed Name

Date: _____

Received by

_____
Signature over Printed Name

Date: _____