



**ISKOLAR  
DONATION FORM**

*Yes, I will help for Aranzan ISKOLAR.*

*I am donating a one-time lump sum of Php \_\_\_\_\_*

Php100 Php300 Php500 Php1,000 Php \_\_\_\_\_  
OTHER AMOUNT

*I pledge to donate on a monthly basis for \_\_\_\_\_ months.*

Php20 Php50 Php100 Php200 Php \_\_\_\_\_  
OTHER AMOUNT

**by**  Cash  
 Check

Please make checks to: **NSDAPS**

Bank

**BPI: 8413-0107-14**

Account Name: **NSDAPS**

Name of Donor \_\_\_\_\_

*I was an Aranzan student.*     *I was not an Aranzan student*

*I was an Aranzan scholar.*     *I was not an Aranzan scholar*

Nickname \_\_\_\_\_ Birthday \_\_\_\_\_

Years Graduated PS \_\_\_\_\_, GS \_\_\_\_\_, HS \_\_\_\_\_,

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Email Address \_\_\_\_\_

- Please send my receipts to me at my residence.*
- You may include my name in a published roster of donors.*
- I wish to keep this donation unpublished.*
- I am willing to help next year. Please contact me.*

**Please fax this form to (632) 941-9966. Thank you.**

Office of the Registrar  
NSDA Parochial School  
Telephone (632) 570-2098 local128