



SLA FOUNDATION

Savings & Loan Association

DONATION FORM

COMPANY/BRANCH	DEPARTMENT	EMPLOYEE NUMBER	
I voluntarily agree to donate the amount of _____ (₱ _____) to SM SLA Foundation, Inc. in support of its advocacy of extending financial assistance to its qualified member/s and/or dependents.			
MODE OF PAYMENT		PURPOSE	
<input type="checkbox"/> Over the counter <input type="checkbox"/> Check <input type="checkbox"/> Fund transfer <input type="checkbox"/> Deduct from SM SLA Cash Advance	Acct. Name: SM SLA Foundation, Inc. A Acct. No.: 0015-0034-7955	<input type="checkbox"/> Scholarship Program ₱ _____ <input type="checkbox"/> Bereavement Fund _____ Total ₱ _____	
SM SLA MEMBER		FOR SM SLA FOUNDATION'S USE	
PRINTED NAME AND SIGNATURE	DATE	RECEIVED BY	PROCESSED BY



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