

Arcelie Laoagan Donation Form

Yes, I would like to contribute to the Arcelie Laoagan Fund

Donor Information:

Name: _____

Address: _____

City: _____

Province/State: _____

Postal/Zip Code: _____

I would like to give:

___ \$25.00 ___ \$50.00 ___ \$75.00 ___ \$100.00 _____ Other

Yes, I would like a tax receipt ___ (check). Tax receipts are issued for donations of \$25.00 or more if requested.

Make cheques payable to:

“Filipino Catholic Society”

Write ‘in memory of Arcelie Laoagan’ on the memo line of the cheque

Mail or drop off this form with your donation to:

**West Canadian
901 – 10th Ave SW
Calgary, AB T2R 0B5
ATTN: Arcelie Laoagan Trust Fund**