

  
PCAFPD CONTRIBUTION FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

AMOUNT OF CONTRIBUTION: \_\_\_\_\_

Please complete the following if you are not already in our database, or if you wish to update your information:

EMAIL ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

SKILLS OR INTEREST AREAS THAT COULD HELP THE FOUNDATION:  
\_\_\_\_\_

RPCVs and Staff:

WHAT YEARS DID YOU SERVE IN THE PHILIPPINES? \_\_\_\_\_

PROVINCE \_\_\_\_\_

GROUP NUMBER \_\_\_\_\_

Filipino Friends:

Home Province \_\_\_\_\_

Do you belong to Filipino Groups that might be interested in partnering with PCAFPD? If yes, please tell us your ideas \_\_\_\_\_

COMMENTS and SUGGESTIONS or NEWS:

MARAMING SALAMAT!

*Please mail your tax deductible contribution to:*

PCAFPD, P.O. BOX 100114, ARLINGTON, VA 22210