



PHILIPPINE CHARITIES FOUNDATION Inc.

3551 Magellan Circle #422

Aventura, FL 33180

Phone/Fax (305) 933-9174

"We care, if we don't, who will?"

_____ **YES, I would like to be an active member of PCF and participate in the planning of PCF activities. Enclosed is \$10. 00.**

_____ **YES, I would like to be a member of PCF, but I cannot attend meetings. As a member, I will have voting rights and other membership privileges. Enclosed is \$10.00**

_____ **NO, I do not wish to be a member, but I would like to make a donation. A check for the amount of \$_____ is enclosed.**

NAME _____

TEL. NO. _____

E-MAIL ADDRESS _____

HOME ADDRESS _____

Membership commitment:

As a member I profess my commitment to the PCF mission of helping the poor in the Philippines.

_____ Date

_____ Signature

- membership expires 12/31 of each year
- Kindly address envelope to Alberto Postrado, PCF Treasurer
580 NE 172nd Street North Miami Beach, FL 33162