



BALIKATAN NG MGA KRISTIANO, INC.

P.O. BOX 1021, SAN LEANDRO, CA 94577

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BALIKATAN.ORG

FY 2019

"Give generously to them and do so without a grudging heart, then because of this the LORD your GOD will bless you in all your work and in everything you put your hand to." Deuteronomy 15:10 (niv)

BALIKATAN TRUST FUND DONOR FORM

SECTION ONE:

NAME: _____

NAME of SPOUSE (if applicable): _____

ADDRESS (to be recorded & verified in Balikatan's private database): _____

_____ State: _____ Zip: _____

EMAIL: _____

TELEPHONE: HOME _____ OFFICE _____

CELL: _____

WHAT IS YOUR PREFERRED WAY OF CONTACT? _____

SECTION TWO:

BENEFICIARIES & CONTACT INFORMATION:

RELATIONSHIP TO YOU:

TERMS AND CONDITIONS:

- I understand that my donation to the Balikatan Trust fund becomes the property of Balikatan Inc.
- I have read and agree with the Trust Fund Policy and Investment Policy statements.

SIGNATURE OF DONOR: _____

SECTION THREE: *OPTIONS – Please circle one (1) answer for each question:*

1. I wish to be notified in the event that any amount more than the interest need to be withdrawn from the fund.

YES

NO

2. I wish to be involved in any decision making the Trust Fund may undertake.

YES

NO

SIGNATURE OF DONOR: _____

WITNESSES: _____

Please notify us of any change in your information.