



Pledge of Support to Children's Heart Foundation, Inc.

TO : MR. MIKE YAO / CHF OFFICERS

TEL/ FAX NO: 9252401 Loc. 3643 / 4369344

Yes! I am interested to pledge support to operation of
_____ (Patient's Name)

Name of Patron : _____

Address : _____

Tel. No. : _____

Fax No. : _____

E-mail : _____

AMOUNT OF DONATION

P_____ to cover in full operation
Expenses of _____

P_____ in two monthly installments

P_____ to form part of our
Endowment fund