



Mu Sigma Phi Foundation Deed of Donation

Please indicate whether you are donating to the **General Funds (GF)** or to the **Permanent Endowment Fund (PEF)** of the Mu Sigma Phi Foundation. See Instructions on HOW TO DONATE page on the website: www.themufoundation.org for the difference between the 2 funds.

A. RESTRICTED FUNDS:

FUND OR PROJECT	GF AMOUNT	PEF AMOUNT	TOTAL AMOUNT
Scholarship			
UP College of Medicine Faculty Support (Professorial Chair or Faculty Grant)			
Philippine General Hospital (Patient Care or Equipment)			
Immunization Project			
Disaster Relief Fund			
MU Water Fund			
Gawad Kalinga (GK) Christmas Fund			
Other (Please specify)			
TOTAL AMOUNT			

B. UNRESTRICTED FUNDS:

FUND	TOTAL AMOUNT
General Fund (GF)	
Permanent Endowment Fund (PEF)	

C. GENERAL INFORMATION TO BE FILLED OUT:

First Name: _____ Last Name: _____ Maiden Name (if applicable) _____

Member MSPF - Class or Batch Year: _____ Non-Member

Address: _____ City: _____ State: _____ Zip Code: _____

Email Address: (Donation receipt will be sent here) _____ Mobile phone: _____

I agree to pay the above donation In Full Partially every 3 months yearly. My donation is enclosed and paid for via:

Check Credit Card Zelle to mspfi933up@gmail.com or mufoundationpef@gmail.com

See the **Donation Page** on website regarding instructions on where to mail the check.

Signature of Donor: _____ **Date:** _____

Submit this form with your donation. Without this DOD, your donation of more than \$500.00 will automatically go to UNRESTRICTED FUNDS.