



DONATION FORM

Company /Branch	Department	Employee Number
<p>I voluntarily and agree to donate the amount of _____ (P _____) to the SM SLAI Foundation, Inc. in support to its advocacy in extending Financial Assistance to its qualified members.</p> <p>By affixing my signature below, I also hereby authorize SM SLAI to deduct the above amount from my cash advance/dividend to be credited in my Cash Card/payroll account this <u>February 2024</u>.</p>		
Print Name and Sign		Date

Thank you for supporting the SM SLAI Foundation.