***Annex 11: Pledge of Commitment***

**PLEDGE OF COMMITMENT**

I/We \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of legal age, with postal address at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, that for and in consideration of my/our application to solicit or receive contributions for public welfare purposes pursuant to the provisions of the Solicitation Permit Law (PD 1564) hereby commit the following:

**THAT** I/We shall assume full responsibility for all contributions and funds received and shall limit the administrative expenses incident in the holding of the fund drive to no more than thirty percent (30%) of the gross income and the balance of seventy percent (70%) will be appropriated for the said project.

**THAT** no person involved in the fund raising shall get any share from the proceeds to be derived therefrom and that only lawful means shall be employed during the fund drive.

**IN VIEW OF THE ABOVE**, the following persons are the only authorized agents who will be involved in the conduct the solicitation/fund drive.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Name of Authorized***  ***Solicitors/Agents/***  ***Partner Agencies*** | ***Business Address*** | ***Email Address*** | ***Contact Numbers*** | ***Nationality***  *(*if foreign, pls. indicate BID clearance/working visa  number and date) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

***Certified Correct***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature over Printed Name of the Agency Head or Authorized Representative) Date

SUBSCRIBE AND SWORN to before me the undersigned Notary Public for and in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with Community Tax Certificate no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ issued at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**NOTARY PUBLIC**