GOTA DE LECHE

La Proteccion de la Infancia, Inc.
859 S.H. Loyola St., Sampaloc, Manila

REQUEST for VISIT / Use of Property

Please send completed form to info@gotadeleche.com

NAME: _____ _____ ____ _____
LAST NAME FIRST NAME MIDDLE NAME

E-MAIL: _____ **CONTACT NUMBER/S:** _____

NAME OF INSTITUTION: _____

ADDRESS OF INSTITUTION: _____

HOW DID YOU FIND OUT ABOUT GOTA DE LECHE?
___ Internet ____ Media (Radio / Television / Newspaper) _____ Teacher _____ Friend /school mate
___ Organization _____ Others: _____
(Please Specify) **(Please Specify)**

PURPOSE of Request:

1. This a request for: _____interview _____ Visit _____ Use of Property
2. Please state the Objective of your request.

3. What specific information do you need*?*
   (NOTE: For information details about Gota De please visit the website at www.gotadeleche.com.)

4. What Facilities/Services do you need?

5. What outputs or outcomes will you share with Gota de Leche afterwards?

Requesting Party: _____
(Signature over Printed name)

ACTION TAKEN:

Approved by : _____
Managing Director