

PHILIPPINE CHARITY  SWEEPSTAKES OFFICE

Sun Plaza Building, 1507 Shaw Boulevard corner Princeton St., Mandaluyong City 1552
www.pcs.gov.ph

**CHARITY ASSISTANCE DEPARTMENT
PCSO AMBULANCE DONATION PROGRAM REQUIREMENTS**

FOR PRIVATE HOSPITAL / MEDICAL FACILITY

1. Request Letter addressed to:

ANSELMO SIMEON P. PINILI
Chairperson
Philippine Charity Sweepstakes Office
Sun Plaza Building, 1507 Shaw Boulevard, Mandaluyong City

OR

ALEXANDER F. BALUTAN
General Manager
Philippine Charity Sweepstakes Office
Sun Plaza Building, 1507 Shaw Boulevard, Mandaluyong City

2. Justification for Donation

- **Background of Requesting Party**
 - a. Official Name/Title of Requesting Party
 - b. Name of Contact Person, Official Designation, Office and Mailing address/es, contact number/s and e-mail address
 - c. Profile of Requesting Party
 - Hospital/Medical Facility Profile, to include, among others, type, classification, category of the facility and organizational/functional structure.
 - d. License to operate from the appropriate regulating agency
 - e. Location Map of Domicile/Place of Operation and its Contiguous Areas

3. Resolution Requesting Ambulance Unit

- Hospitals / Medical Facilities - Board of Directors / Trustees - Board of Directors / Trustees. Said resolution must reflect grant of authority to the head of hospital / medical facility to request for such vehicle, as well as the provision for the allocation of the necessary funds for its utilization/operation and maintenance.

For further inquiries and follow-up, please contact:

**Special Projects Division
Charity Assistance Department
3rd floor, Radiotherapy Building, Lung Center of the Philippines Satellite Office, Quezon City
Tel. No. (02) 366-3329**