

## DCCCO DAMAYAN PROGRAM

### ACKNOWLEDGEMENT

I, \_\_\_\_\_, of legal age, single/married/widow/widower,  
and a resident of \_\_\_\_\_,  
do hereby acknowledge that I have read, fully understood and agree on the terms, conditions and  
implementing guidelines of the **DCCCO Damayan Program**.

\_\_\_\_\_  
Signature Over Printed Name

\_\_\_\_\_  
Date