

DONATION FORM



Name:
Surname:
Address:
Address 2:
Postal Code: Town:
Country: Phone:
E-mail:

Amount:

12 € 18 € 30 €
 60 € 100 €
 Other: _____ €

Periodicity:

Mensual Quaterly
 Semiannual Annual
 Unique

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-10 € is the cost of an intervention on a patient with hydrocephalus
-20 € is the cost of an intervention in a patient with spina bifida.
-30 € is the cost of an intervention a patient with Brain or Spinal Trauma.
-35 € is the cost of an intervention a patient with Brain tumor (Craniotomy).

Method of payment:

Debit my card: VISA

Other:

Card nr.: CSC.: Cad. Date.:

Banking check, payable to NED Foundation

Direct Debit: Account (20 digits)

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