Asociación Girasol

El cuidado paliativo
inmenso amor por la vida

Número de socio

BECOME A MEMBER

Complete this form and return it to Asociación Girasol
The best way to help Asociación Girasol offer the care needed to patients with advanced, incurable illnesses, their family and carers is to become member.

PERSONAL DETAILS

NIE: .....Birthdate.....
Name: .....
Surname: .....
Address: .....
Telf fix-mobile: .....
Email: .....

DONATION

I would like to donate the amount of**:**

.....euros por: ☐month ☐quarterly ☐half year ☐yearly

MINIMUM DONATION IS 5 € MONTHLY

PAYMENT METHOD

Bank: .....

Account holder: .....

IBAN code*: .....

** (Example : ES66 0000 1111 22 2233334444)*

Signature: .....Date: .....

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