

DONATION REQUEST
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Your Organization

Name of your organization :

Address :

City :

Postcode :

Country :

Siret Number /ID number :

for -profit organization

Non-profit/charitable organization

Mission, description and objectives of your organization

Name of the responsible person:

Function/role in the organization:

Phone Number:

Email:

The project

Actions supported by our Foundation: Wellbeing through digital solutions

Issue of public interest in the field of prevention or disease management

and

Using digital or innovative solutions



ALL OTHER DONATION REQUEST NOT CORRESPONDING TO OUR FOUNDATION ACTIONS (mentioned above) WILL NOT BE PROCESSED

Amount of the financial support requested (in EURO)

Description of you project (in a few lines or attach the project presentation)

List of documents to attach – mandatory
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- The By-laws / Articles of Association
- The financial statements of the last closed fiscal year
- The activity report (or similar document summarizing the activities of your organization with practical examples)
- Bank details (Iban, Swift...)