



SUPPORT PAY-IN-SLIP

ASSOCIATION FOR RESEARCH ON DIABETES & AUTO-IMMUNITY

-DEAR LAB-

Please fill in this slip and send it to: ASSOCIATION POUR LA RECHERCHE SUR LE DIABETE ET L'AUTO IMMUNITE -DEAR LAB, 8 Boulevard Jourdan, 75014 PARIS, France

Surname: _____ Name: _____

Address: _____

City: _____ Area Code : _____

State : _____ Country: _____

E-mail : _____

Phone: _____

I make a donation by check I make a donation by automatic bank withdrawal*

Of a total amount of: _____ € *(Please fill in the authorization below and attach your Bank Identification Form)

Date: ____/____/____

Signature: _____

AUTHORIZATION OF AUTOMATIC WITHDRAWAL

FOR A LONGLASTING SUPPORT TO THE ASSOCIATION FOR THE RESEARCH OF DIABETES & AUTO-IMMUNITY -DEAR LAB

I choose to regularly help the Association DEAR LAB by making a monthly donation:

5 Euros

10 Euros

20 Euros

..... Euros

(Other amount)

I, myself, authorize the ASSOCIATION POUR LA RECHERCHE SUR LE DIABETE ET L'AUTO IMMUNITE -DEAR LAB to withdraw the above-mentioned amount and debit it to my bank account, till further notice. The first payment will take place at the signature of this form and the following each _____ of the month. I will be able to interrupt this agreement at any time.

BANK DETAILS

BANK NAME: _____ SWIFT CODE _____

IBAN n° _____

BANK ADDRESS:

CITY: _____ AREA CODE: _____ STATE: _____ COUNTRY: _____
