



## Supporter subscription form

I (first and last name), \_\_\_\_\_

born in \_\_\_\_\_ on the (D/M/Y) \_\_\_\_\_

permanent address \_\_\_\_\_ n. \_\_\_\_\_

town \_\_\_\_\_ country \_\_\_\_\_ post code \_\_\_\_\_

tel. \_\_\_\_\_ fax \_\_\_\_\_

e-mail \_\_\_\_\_ agreeing with the scope, the

articles and the Statutes of the Association “Comitato 8 ottobre per non dimenticare” (“8<sup>th</sup> October never forget Committee”), ask to become a sponsor of the Association.

Supporter fees (Minimum 1 Euro): \_\_\_\_\_ via (specify) \_\_\_\_\_

(bank transfer, direct payment through personal contacts, other)

(Place) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_