

DONATION FORM

Name:..... First name:.....

Address:.....
.....

Postcode:..... City:.....

Country :

Phone:..... E-mail :.....

I wish to donate the following amount:

Payment:

- by check made out to the Ligue contre la Cardiomyopathie
- direct debit: *please enclose a stamped self-addressed envelope - we will send you a regular direct debit agreement form*

Please send me a Receipt For Income Tax Purposes:

- by e-mail
- by regular mail: *please enclose a stamped self-addressed envelope*

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

MEMBERSHIP APPLICATION FORM

I wish to actively support the association and become a member of the Ligue contre la Cardiomyopathie : *(please enclose a stamped self-addressed envelope)*

- Active member**yearly fee: 20 euros*
- Sustaining member..... *yearly fee: 40 euros*

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

* Only those suffering from cardiomyopathy, their ascendants and descendants can be active members.

Ligue contre la Cardiomyopathie - 1901 law association