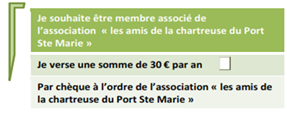
|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Mme** |  | **Melle** |  | **Mr** |  | **Entreprise** | | |  |
| **NOM** | | | | | | | **Prénom** | | |
| **Adresse** | | | | | | | | | |
| **Code Postal** | | | | | | | **Ville** | | |
| **Tél Fixe**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | **Pays** |
| **Portable**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | **Date de naissance** |
| **Fait à** | | | | | | | | Le | |
| **Signature du donateur** | | | | |  | | | | |



€ €

MES COORDONNEES

Bulletin et règlement à renvoyer :

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Courrier : Mme ROSSIGNOL

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