



## DONATION BY CHEQUE to IMPACT Switzerland

### 1. I would like to support the lake clinic Cambodia.

#### 2. Personal details

- I am a private individual
- an organization
- a company
- a foundation

**Title:**  Ms  Mr  Dr

**Name:** First and family name: \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Town/City:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

### 3. Donation on behalf of a third party (where applicable):

in memory of  in honour of  on behalf of

**Title:**  Ms  Mr  Dr

**Name:** First and family name: \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Town/City:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

### 4. Please send the completed form together with your signed cheque

**to:** IMPACT Switzerland

3, rue de Varembé

1202 Geneva

Switzerland