



FUNDACIÓN LOVAAS

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<http://www.fundacionlovaas.es>

I WANT TO COLLABORATE WITH LOVAAS FOUNDATION - PARTICULARS

Name and surname	
Address	
City/PC	
Providence	
Tel.	
e-mail	
ID Card	

As a donor partner, with a contribution of:	Euros
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Frequency: (check the corresponding box):

Monthly	Quarterly	Annual	One payment
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Bank data:

Account holder:	
Bank / Cash	
Address	
City / PC	

Entity	Office	D C	Account number

I authorize to charge in my account the quotas of the donor partner that, periodically, Lovaas Foundation, will direct in the same.
Signature of the holder,

The personal data provided will be treated in accordance with the provisions of current regulations, regarding Data Protection and incorporated into a file. The owner of the data may exercise the rights of access, rectification and cancellation of the same, by writing to Lovaas Foundation or by contacting us at the email info@fundacionlovaas.es