

Sign-up Form Cure ADOA Foundation

Personal Data

Initials : First name :
Full Name : Mr. Mrs.
Address :
Zip Code and town :
Country :
E-mail :
Phone number :
IBAN :

I would like to become a donor for the standard amount of €25 per year.

I would like to become a donor for a different amount, namely €
per year.

I would like to subscribe to the quarterly newsletter.

I would like to receive it in the language: Dutch
English
German

Optional

(This will only be used for our own administration)

Are you a fellow patient? Yes No

Familyname :

How many family members have ADOA/ADOA Plus :

Notes :

I agree that the Cure ADOA Foundation may use my details for the
purpose of keeping its membership administration in order.

Date :