



DONATION BY CHEQUE to IMPACT Switzerland

1. I would like to support one of the following programmes (please indicate which one). Note that if you do not provide an indication, IMPACT Switzerland will earmark your donation to a programme of our choice.

- As IMPACT Switzerland chooses
 - 1000 Days Programme Cambodia
 - Floating Clinics (Lake Clinic) Cambodia
 - Jibon Tari Floating Hospital Bangladesh
 - Children's Health Programmes in Zanzibar
- Other: _____

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