EUROPEAN UNIVERSITY SPORTS ASSOCIATION

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EUSA CLUB OF DONORS - APPLICATION FORM

| I want to be a member of the EUSA Clu | b of Donors and I am ready to pay the following amount: |
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| ☐ Institutions / at least EUR 500 | ☐ Individuals / at least EUR 100 |
| ☐ Other, lower amount (donation | only; |
| no Club of donors) | |
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| Name and Surname: | |
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| Full address (street, city, country): | |
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| Date and Signature: | |
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| Would you like to be publicly credited a | and recognized for your contribution? |
| ☐ Yes, please | ☐ No, thank you |
| | |
| Do you need an invoice / receipt of the | payment? |
| ☐ Yes, please | □ No, thank you |
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| Please return the application form b | oy mail: <u>office@eusa.eu</u> or fax: +386 1 256 0057 |
| EUSA BANK ACCOUNT DETAILS | |
| Owner: | EUROPEAN UNIVERSITY SPORTS ASSOCIATION (EUSA) |
| Address: | C/O ASZV, ETH ZENTRUM, ZURICH, SWITZERLAND |
| | |
| Bank: | CREDIT SUISSE, ST. GALLEN |
| BIC / Swift Code: | CRESCHZZ90A |
| Int. Bank Account Number (IBAN) | CH34 0483 5095 0533 7200 0 |
| Reference: | CLUB OF DONORS |