

Bhalobasa



ORGANIZZAZIONE
NON
LUCRATIVA DI
UTILITÀ
SOCIALE

Form project sponsor

Day: _____

Project name: _____ Project ID: _____

Name: _____ Surname: _____

Address: _____

City: _____ Country: _____

First telephone: _____ Other telephone number: _____

Email: _____

Please fill this form and send it to Bhalobasa's Project group, by mail, letter or fax.

Bhalobasa ONLUS project group

Via A. Gramsci, 23 – 56035 Perignano (PI)

Tue-Wed-Thu 18:00 – 20:00

Tel. +39 0587-616143

Email. progetti@bhalobasa.it

Information in compliance with D.Lgs. 196/03 (law about personal details)

In compliance with the Italian Legislative Decree no. 196 dated 30/06/2003, I hereby authorize the recipient of this document to use and process my personal details for the purpose of children sponsorship and communications, and I confirm to be informed of my rights in accordance to art. 7 of the above mentioned decree.

Signature
