

Donation Form to be returned to the SICT Foundation

Address : SICT Foundation
Chemin Rieu 17''
1208 Genève
Tel : +41 76 580 4117 (Dr Marisa Jaconi, Treasurer)

I, the undersigned, Mr/Ms
acting in my capacity as a private individual, or as an authorized representative of the legal entity
named:

hereby declare that I am making a **one-time donation** to the **SICT Foundation – Swiss Institute of Cell Therapies** of the amount of CHF

- ☐ by payment slip,
☐ by bank transfer to:

Beneficiary: ISTC, Foundation – Swiss Institute of Cell Therapies

IBAN: CH03 0078 8000 0506 2167 5

Bank: BCGE – Corporate Clients – Swiss Institute of Cell Therapies

SWIFT code: BCGECHGGXXX

Clearing code: 788

This account is held with the **Banque Cantonale de Genève (BCGE)**.

Please tick as appropriate:

- ☐ I wish my identity to remain confidential, or
☐ I agree that my identity may be disclosed, and in this case:
☐ I agree to participate in the annual Donors' Council meeting or to be represented there.

My contact details are as follows:

Last name
First name
If applicable, name of the legal entity
Address
Private telephone
Business telephone
Email

Place and date Signature