

I would like to help ESGO promote and ensure quality cancer care for women by becoming a contributor.

IDENTIFICATION

Please complete this section accurately. The information you provide will allow us to correspond with you efficiently.

Name

_____ Dept.
Institute / Company (if any)

_____ ZIP Code
No. Street

_____ Country
City State/Province

E- Mail Address: _____

CONTRIBUTION INFORMATION:

This is a contribution of _____ EUR/USD (*circle one*).

The contribution is in Memory of _____

The contribution is in celebration/honor of _____

The contribution is a General Contribution

ACKNOWLEDGEMENT LETTER should be sent to:

Name

_____ Dept.
Institute / Company (if any)

_____ ZIP Code
No. Street

_____ Country
City State/Province

OPTIONS how to process the contribution:

Option 1: Credit Card: Visa MasterCard Diners American Express

_____ Expiry Date (month/year)
Card Number

Name as shown on card:

_____ First Name
Family Name

Signature

Date

Please note that your bank statement will show Kenes Int. instead of the European Society of Gyn Cancer that ultimately receives the donation.

Option 2: Bank Transfer - Please make payable to: "ESGO" and send to Credit Suisse Bank, Geneva Branch – Rue de Lausanne 17, 1211 Geneva 70, Switzerland. Account number 0251 – 29983 – 92, Swift No. CRESCHZZ12A , IBAN Nr. CH36 0483 5002 9983 9200 0, Clearing number 4835. Please indicate your personal details and purpose of the transfer (ESGO donation) on the transaction draft.

Option 3: Cheque made payable to: "ESGO"

Enclosed cheque number: _____ Bank : _____

Date

Signature

Thank you for your support!

Please print out this page, complete and mail it (together with your check, or money order) or fax it with credit card information to: