Donation Form

Instituts thématiques **Inserm**

Institut national de la santé et de la recherche médicale

I wish to support the Inserm with a contribution of:

euros

Contact details:

☐ Mrs ☐ Mr ☐ Ms

☒ Legal entity (corporation, association, etc.)

Last name ……

First name ……

Address … ……

Zip

City … ……

Country … ……

Phone Number (optional) __\ __\ __\ __\ __\ __\ __\

Email (optional)

Support a specific project (optional):

Wish to send a donation to a disease-specific research or to an Inserm laboratory? Please write it down herein:
……
……
……

☒ I wish to receive a tax receipt for the total amount of my donation

Means of payment:

☒ by cheque ☐ by wire transfer

Date:
Signature

In order to ensure better management of your donation by the Inserm, and only for this purpose, the personal data collected through this form are subjected to automatic processing, in contemplation of law n° 78-17 relative to information technology, computer files and freedom. In application of the law n° 78-17, you may exercise your rights to access, modify, or delete your personal data by addressing you to the Chairman and Chief Executive Officer of the Inserm, 101, rue de Tolbiac, 75654 Paris Cedex 13.