



GRAHN
POU YON AYITI TOU NÈF



**Innovation Pole of the Greater North
The City of Knowledge
YES, I would like to make a donation**

Miss Ms M.

Last name : _____ First name : _____

Address : _____

City : _____ State : _____

Zip Code : _____ Country : _____

Téléphone : _____ Cell: _____

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* **My contribution** : *(Please check your type of donation)*

One time only : _____ US\$

A recurring donation of _____ US\$ over a period of _____ year(s) or **months** *(as necessary, cross out one of the 2 choices)*

* **Mode of payment** : *(please choose one)*

Check Paypal

The list of contributors and amounts will be made public. Please indicate if you accept the disclosure of your name and contribution. For anonymous contributors, a code will be provided to find your name in the list.

* **I want my contribution to be:** *(please choose one)*

anonymous Public

Paypal payment can be entered through the following link : <http://www.pigran.org/usa/index.php/paypal>

Donations by check should be made to GRAHN-USA and sent to the following address, together with this signed form:
2307 Marcy Ave, Evanston, IL 60201, USA

Note that a tax receipt for all donations greater than or equal to \$100 will be sent to the address provided.

Signature

Date

**Thank you for your
CONTRIBUTION**