



Donation form

First name _____ Last name _____

Affiliation _____

Street address _____

City _____ State _____

Zip code _____ Country _____

Telephone _____ Fax _____

Euro _____

Payment can be made by:

☐ Bank transfer to AU CNS,
IBAN: IT28Z0103070222000063142960 Swift Code: PASCITM1Y30

☐ Credit Card
☐ VISA
☐ Master Card

(NO AMERICAN EXPRESS)

Card No. _____

Expiry Date _____ CVV _____

Date _____

Signature _____

Please, send it to:

EUROPAD c/o AU-CNS Via XX Settembre, 83 - 55045 Pietrasanta, LU - Italy

by e-mail to info@aucns.org