Donation form

Cardiolinc™ is a nonprofit organization to support the development of personalized tools for diagnosis, prognosis, and treatment for cardiovascular disease. **Every gift we receive helps support the fight against cardiovascular disease.**

Personal Information

|  |  |
| --- | --- |
| **Donor name:** |  |
| **Address for acknowledgment letter (donation receipt):** |  |
|  |
| **Phone number:** |  |
| **Email:** |  |

Gift Amount

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | €20 |  | €50 |  | €100 |  |
|  | €30 |  | €80 |  | Other:  | €  |

Payment Method

*Please write your* ***check*** *or* ***money******order*** *to Cardiolinc ASBL and send it to:*

Cardiolinc ASBL, Attn Yvan Devaux

1A-B rue Thomas Edison

1445 Strassen

Luxembourg

*To* ***wire transfer*** *your donation, please transfer the desired amount to the following account and enter the information below:*

|  |  |  |  |
| --- | --- | --- | --- |
| Holder: | Cardiolinc ASBL | **Name on initiating**  |  |
| Bank name: | BGL BNP Paribas | **account:** |
| SWIFT code: | BGLLLULL | **Originating bank:**  |  |
| IBAN: | LU14 0030 5227 4748 0000 | **Gift transfer date:**  |  |

If you choose to make a tribute gift

*The honoree or their family will be notified of your contribution, but the gift amount will not be disclosed.*

|  |  |
| --- | --- |
| **Honoree name:** |  |
| **Email or address for notification:** |  |
|  |

*Please return this form to* *contact@cardiolinc.org* *or to the address indicated on “Payment Method”.*

***Thank you for your contribution!***