



EURAF

EUROPEAN AGROFORESTRY FEDERATION



Donation Form

Please submit by Mail

I want to make a Monthly Donation of € _____

I want to make a one-time gift of € _____
(Credit card, check or money order)

Payment Method

Visa Mastercard Check

Card Number: _____

Expiry Date: _____

Personal Information

Name(s): _____

Address: _____

City: _____ State: _____ Postal Code: _____

Telephone: _____ E-mail: _____

Signature: _____ Date: _____

Thank you for your support!