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AGREEMENT

To Nesin Foundation
Çatalca Istanbul
Turkey

I read and understood the humanitarian purposes of the Nesin Foundation and I am aware of its activities. To support the Nesin Foundation, starting from (dd/mm/yy) ___ / ___ / ___ I agree to make monthly donations of _____ USD per month for ___ years and ___ months.

Signature

Date : ___ / ___ / _____

Name : _____

Work Address and Phone : _____

Home Address and Phone : _____

e-mail : _____

Fax : _____

Credit Card : Mastercard
 Visa
 Eurocard
 American Express

Credit Card Number : _____ - _____ - _____ - _____

Expiration Date : ___ / ___

Signature :