

Contribution Form

(Please fill out and return to the Associazione Friends of Johns Hopkins University and the Bologna Center Office of Development – addresses below)

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Name _____
(Surname) (Name) (Maiden Name)

Address _____
(Street) (City) (Postal/Zip Code)

Country _____ Email _____

Codice fiscale (ai fini della ricevuta fiscale) _____

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Organization _____ Job Title _____

Address _____
(Street) (City) (Postal/Zip Code)

Country _____ Email _____

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CONTRIBUTION to the Bologna Center _____
(name of project)

Please charge my contribution of **Euro** to my credit card: **Visa** (Euro only)
 Mastercard (Euro only)

Card No Expiration Date

Signature

I have already sent my contribution of(amount) to Unicredit Banca on(date)

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Please send this contribution form to :

Ms. Michelle Wilhelmy, Program Director, Associazione di Cultura e Studio Italo Americana “Luciano Finelli” *Friends of the Johns Hopkins University*,
Via Belmeloro 11, 40126 Bologna, Italy
Telephone +39/051/26.28.25 - Fax +39/051/22.85.05 Email: mwilhelmy@johnshopkins.it

and copy to :

Ms. Gabriella Chiappini, Office of Development, SAIS Bologna Center,
Via Belmeloro 11, 40126 Bologna, Italy
Telephone +39/051/2917.844 – Fax +39/051/22.85.05 Email : gchiappini@jhubc.it