



GABONESE NONGOVERNMENTAL ORGANIZATION FOR PEOPLE AFFECTED BY ANEMIA

**Donation or Gifts FORM**

*Your information will exclusively be used by DRÉPA-GABON and will not be shared with a third party. This information will only be used to produce reports on the organization's fund raising activities. **Please write in capital letters.***

**IDENTIFICATION:**

Mrs.  Miss  Mr.

FIRST NAME(s): .....

LAST NAME(s): .....

Or

Organization's name: .....

**ADDRESS:**

.....

City, Province or State: ..... Zip Code/Code Postal: .....

Country..... Phone: Home .....

Phone: Work..... Fax: .....Portable: .....

Email: ..... Web: http://.....

**DONNATION:**

I make my donation to DRÉPA-GABON:

Donation type: Money  Material

**Amount:** .....In letter: .....

*Amount payable by check, par money order or other.....*

**1) For donation made from the U.S., Europe and Asia, use the address below:**

DRÉPA-GABON : 1255, rue Villaray # 1, Sainte-Foy, Québec, G1W 3Y6, (QUÉBEC)- CANADA; Phone : (418)-261-7497

**2) For donation made in Africa, use the address below:**

DRÉPA-GABON: S/C de Mme Léonie ANDJAYI BP 112 B.E.A.C Libreville /Gabon; Phone: (241) 06-20-79-09/ or (241) 07-57-06-98.

**Email us at: [info@drepagabon.org](mailto:info@drepagabon.org)**

*Your personal information can be updated and reviewed anytime upon request.*