

Credit card payment form

I hereby authorise you to charge my credit card with the amount:

- donation: Euro / Dollars /GBP

Total: Euro /Dollars /GBP

Type of credit card: VISA

Name and address of the cardholder:

.....

Credit card No:.....

Expiry date:.....

Cardholder's signature.....

Please print, fill in and send this form by fax to the Scuola Normale Superiore,
Centro Ennio De Giorgi, to the attention of Cecilia Cappelli.

Alternatively, send a scanned copy by e-mail to the address below.

Fax number: +39-050-509177

phone number: +39-050-509178

email: crm@crm.sns.it