



EUROPE

DECLARATION FORM FOR AN ACTION TO RAISE FUNDS IN FAVOR OF THE FOUNDATION SÍNDROME D'USHER & THE SAVE SIGHT NOW EUROPE INITIATIVE

Supporter identification:

(Name, DNI/NIF, address)

Type of action:

(Brief description of the type of action/event.)

Collection expected to be achieved:

(Guideline value that has been calculated,
whenever possible.)

Dates:

(Date of completion / start and end date.)

**Communication channels for
dissemination:**

(Media, web, social networks indicate which and
which will be the user accounts to be used.)

Signature

Date