



EUROPE

FUNDRAISING ACTION DECLARATION FORM

In support of **Save Sight Now Europe (SSNEU)**

Usher Syndrome Foundation – Spain / Save Sight Now Europe Association – Switzerland

Collaborator Identification

Full name:

Identification number (ID/DNI/NIF/Swiss ID/IDE):

Full address:

Type of Action

Description:

(Brief explanation of the fundraising event or initiative.)

Fundraising Goal

Estimated amount to be raised:

(Approximate value or target, if available.)

Event Details

Start date:

End date:

Location:

Communication Channels

Media used:

(Specify channels such as social media, websites, or other dissemination methods, including relevant accounts or profiles if applicable.)

Commitment and Validation

Signature:

Date: