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## HELPING INCTR

### DONATION FORM

I would like to make a donation to INCTR.

Please charge my credit card for the total amount of: \_\_\_\_\_

Indicate the type of currency (**tick one box**):

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Indicate the type of credit card (**tick one box**):

☐ American Express

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Credit card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name of credit card holder (as it appears on the credit card): \_\_\_\_\_

Signature: \_\_\_\_\_

Date (dd/mm/yy): \_\_\_\_\_

Please print this form and fax it to INCTR, attention Elisabeth Dupont or Suzanne Eloot at 32 2 373 93 10 or send it by post to INCTR at the following address:

INCTR at Institut Pasteur  
Attention: Elisabeth Dupont/Suzanne Eloot  
Rue Engeland 642  
B-1180 Brussels  
BELGIUM

Thank you for your kind and generous support of INCTR.

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