

DONOR STATEMENT

(for individual persons)

Name and Surname: _____

Address: _____

Post and post number: _____

Telephone: _____

Fax: _____

E-mail: _____

I GIVE MY CONSENT

to UP FAMNIT to publish my name and surname on the list of donors published on faculty's webpage.

Place and date:

Donor's signature:

Please send the statement to:

**UP FAMNIT
Glagoljaska 8
6000 Koper**

Thank you very much for your cooperation!