**PROMESSE DE DON**

Nom : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Prénom : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Raison sociale (pour une entreprise) : \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Adresse :\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Code Postal : \_ \_ \_ \_ \_ \_\_ Commune : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Téléphone : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Email : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Je soutiens L’Avenir Gymnique Lédonien en faisant une promesse de don de \_ \_ \_ \_ €.

Fait à \_ \_ \_ \_ \_ \_ \_ \_ , le \_ \_ / \_ \_/\_ \_ \_

 Signature :