

To  
Dipartimento di Medicina  
Università degli Studi di Verona  
Sezione di Ematologia  
Laboratorio di Ricerca sulle Cellule Staminali  
Policlinico G.B. Rossi  
P.le L.A. Scuro, 10  
37134 Verona, Italy  
Tel. +39-045-802.7223 or 802.7301  
Fax. +39-045-802.7223 or 807.7305

**Donation of \_\_\_\_\_ , \_\_\_\_ Euros in favour of the Stem Cell Research Laboratory**

We would like to give a donation of \_\_\_\_\_ , \_\_\_\_ Euros in favour of the Stem Cell Research Laboratory, headed by Dr. Mauro Krampera, Section of Hematology, Department of Medicine, University of Verona, Italy.

To this aim, on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (date) we have given to the Bank \_\_\_\_\_

\_\_\_\_\_

the following bank transfer order:

Recipient Bank: BANCO POPOLARE SOCIETA' COOPERATIVA

IBAN: IT 56 Q 05034 11750 000000011068

running from: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (date)

Amount: \_\_\_\_\_ , \_\_\_\_ Euros

Reason: donation in favour of the Stem Cell Research Laboratory.

Donors's details:

Surname \_\_\_\_\_

Name \_\_\_\_\_

Birth place and date \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ N. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone \_\_\_\_\_

Place and date \_\_\_\_\_ , \_\_\_\_ / \_\_\_\_ / \_\_\_\_