



# BECOME A DONOR

**"WE CONTINUE – WE SUPPORT"  
SOCIAL WELFARE PROGRAMME  
2018–2020**



**Please return the completed and signed form to:**  
SYN-ENOSIS, 85, AKTI MIAOULI, PIRAEUS, 185 38 GREECE  
TEL.: +30 210 4291300-3 FAX: +30 210 4291304 E-MAIL: syn-enosis@syn-enosis.gr

(please mark with ✓)

## 1. Select donation option per year

	2018	2019	2020
A. Fund all support areas .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Fund – adopt areas of support .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(In this case, please complete further details overleaf)			
C. Fund – adopt a social project .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(In this case, please complete further details overleaf)			

## 2. Select donation category per year

	2018	2019	2020
€ 300,000 and above ..... Grand Benefactor .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
€ 200,000 to € 299,999 ..... Benefactor .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
€ 100,000 to € 199,999 ..... Grand Grantor .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
€ 50,000 to € 99,999 ..... Grantor .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
€ 30,000 to € 49,999 ..... Grand Supporter .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
€ 10,000 to € 29,999 ..... Supporter .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The donation should be deposited to the relevant bank accounts.

## 3. I would like my donation to be mentioned in the annual social report

A. With the following details (Name/Surname of natural person or Full name of legal entity)

.....  
.....

or

B. As ANONYMOUS

DATE

NAME/SURNAME AND SIGNATURE OR FULL NAME AND SIGNATURE

.....

(please mark with ✓)



### DONATION OPTION B

Select the support area/s that you would like to fund per year

	2018	2019	2020
<b>1. FOOD AID</b> (please mark with ✓ up to two choices)			
Support families in need in Attica .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support families in need nationwide .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. HEALTH</b> (please mark with ✓ up to two choices)			
Support vulnerable social groups on the mainland .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support vulnerable social groups on the islands .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. SOCIAL CARE</b> (please mark with ✓ up to two choices)			
Children - Adolescents .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elderly .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other vulnerable social group .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. MARITIME EDUCATION</b> (please mark with ✓ up to two choices)			
Infrastructural upgrade .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provision of equipment .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### DONATION OPTION C

Specify how you would like to select the project you wish to fund per year

	2018	2019	2020
I wish to fund a social project of my choice .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>or</b>			
I wish to fund a social project from the support requests SYN-ENOSIS receives .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>