Clinical Hospital Center Bezanijska kosa

Bezanijska kosa n.n., 11080 Belgrade, Serbia

**Donation Committee**

**LETTER OF INTENT**

Dear Sir/Madam,

We wish to donate following:

money,  goods,  services/labour,  securities,  property and other rights

to your Clinical Hospital Center:

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Precise name of the object of donation** | **Value w/o TAX** | **Value w/ TAX** |
|  |  |  |  |
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|  |  |  |  |
|  | **TOTAL VALUE OF DONATION** |  |  |

TAX fees are payed by:  Donor  Recepient

|  |  |
| --- | --- |
| **Natural person donor data** | |
| Name and surname |  |
| Address |  |
| ID No |  |
| Signature |  |

|  |  |
| --- | --- |
| In city, state |  |
| Date |  |