

PROMISE OF A GIFT

The undersigned:

FIRST NAME LAST NAME or COMPANY NAME

ADDRESS

E-mail address: _____ Phone : _____

- Promises to donate the following amount (CHF): _____
In letters :
- To the **Pôle Santé du Pays-d'Enhaut** foundation, route de l'Hôpital 36, 1660 Château-d'Œx
- For the reconstruction of a hospital.

Conditions

The donation is subject to the following conditions:

- The minimum equity has been raised/promised for the construction;
- A building permit is in force.

Execution

The donation will be executed within 30 days after the above conditions are met, upon request by the foundation board. The amount will be transferred to the following bank account:

Pôle Santé du Pays-d'Enhaut
Route de l'Hôpital 17, 1660 Château-d'Œx

Bank	IBAN	SWIFT/BIC
Raiffeisen Alpes Riviera Chablais Vaudois Rue Margencel 7, 1860 Aigle	CH11 8080 8002 2858 7523 1	RAIFCH22

With the reference: DONATION HOSPITAL + first and last name.

The Foundation is recognized as being of pure public utility, meaning that donations are tax-deductible in accordance with the conditions of cantonal law.

Thank you wholeheartedly for your generosity.

Final provisions

By signing this contract, the donor and the donee declare that they accept the donation as described herein. Any amendments or additions to this contract must be made in writing and agreed upon by both parties.

If any provision of this contract is found to be null or invalid, this shall not affect the validity of the remaining provisions. The null or invalid provision shall be replaced by a valid provision that closely reflects the purpose of the ineffective provision and the intentions of the parties. The same applies in the event of any omissions in the contract.

This contract is governed by Swiss law. The place of jurisdiction is Château-d'Œx (VD).

Place and date

Place and date

Signature of the donor

Signature of the donee