

Please send this form signed with post, fax or scanned with mail!  
[www.empologoma.org](http://www.empologoma.org), Fax: 004932223380880, [info@empologoma.org](mailto:info@empologoma.org)



Empologoma e.V.  
Jutta Sistemich  
Wilhelmstr. 4  
80801 München

### Single Donation

Name	First name
Street	Zip code, city
Phone	E-Mail

SEPA-Direct Debit Mandate (please fill out direct debit authorization)

Transfer

I transfer my donation of \_\_\_\_\_€ to the association's account

Empologoma e.V. at Stadtparkasse München

Account: 100 238 7940  
IBAN: DE24701500001002387940

Bank code: 701 500 00  
BIC: SSKMDEMXXX

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Signature

Please send a donation receipt.

**SEPA-Direct Debit Mandate**

Empologoma e.V.  
c/o Jutta Sistemich  
Wilhelmstr. 4  
80801 München

Creditor Identifier: DE79ZZZ00000623518

I authorize the payee to collect payments from my account with direct debit. At the same time, I instruct my bank to redeem the direct debits drawn by payees (name see above) on my account. I can claim reimbursement of the amount due within eight weeks of the debit date. Applicable in this regard by the contract with my bank conditions.

Payment method: recurring payment

Address of the payer – data above

Name of Bank

\_\_\_\_\_  
IBAN

\_\_\_\_\_  
BIC

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Signature