

Please send this form signed with post, fax or scanned with mail!
www.empologoma.org, Fax: 004932223380880, info@empologoma.org



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

Donate permanently from 5 € monthly – from _____

Name First name

Street Zip code, City

Phone E-Mail

- 5 € 10 € ____ €
 monthly quarterly half-yearly yearly

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

Standing order

I transfer my donation of _____ € to the association's account.

Empologoma e.V. at Stadtparkasse München

Account: 100 238 7940 Bank code: 701 500 00
IBAN: DE24701500001002387940 BIC: SSKMDEMXXX

Place, Date

Signature

Please send a donation receipt.



SEPA-Direct Debit Mandate

Empologoma e.V.
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