

DONATION
FORM



SHANTI LEPAHILFE
DORTMUND E.V.

I/We hereby authorise, beginning and until cancelled, a donation withdrawal for the Shanti Leprahilfe Dortmund e. V. from my/our account in the amount of

Euro
monthly / quarterly / biannually / annually
(please underline)

BANK INFORMATION

Account

Bank routing

Bank name

ADDRESS

Name

Street

Post Code / City

Telephone

Email

DONATION RECEIPT

(please mark)

..... I am content to receive a donation receipt in the first half of January the following year.

..... I would like to receive my donation receipt as quickly as possible.

..... I do not need a donation receipt.

.....
Place / Date

.....
Signature

Please send the fulfilled form to Shanti Leprahilfe e.V., Olpketalstrasse 63, D-44229 Dortmund