

Mandate recurrent direct debit



By signing this form, I authorize the Mukomeze foundation to send recurrent direct debit instructions to my bank in order to collect each month

- € 15 - shared sponsorship of a Rwandan woman
- € 30 - individual sponsorship of a Rwandan woman
- € 90 - university education for a Rwandan woman
- € ... - free donation (please fill in the applicable amount)

from my bank account.

Our creditor-ID is NL85ZZZ273187600000. In case you don't agree with a payment, you can ask your bank to cancel it within eight weeks after it's debited from your account. This mandate remains valid until written notice; see the text box below for the address.

Name _____

Address _____

Postal code _____ City _____

Country _____

IBAN

BIC/SWIFT code

E-mail _____

Please print this form, fill in and sign it and send it to:

Mukomeze Foundation
p/a Cimburgalaan 72
4819 BD Breda, the Netherlands

You can also scan and e-mail it to:
treasurer@mukomeze.nl

Place, date

Signature