

Sponsorship form



For the theme: Education
 Rescue Centre

Name: _____

Address: _____

Postcode/city/country: _____

Phone number: _____

E-mail: _____

The contributions will be debited on the 7th of each month.

Please tick all applicable:

- I would like to donate a monthly contribution of **€30**.
- I would like to donate a monthly contribution of € _____
(minimum of €30).
- I agree that the data I have provided will be processed for the purpose of dealing with my request.
- Yes, I would like to receive regular e-mail updates on the projects in Kenya.

Place/date

Signature

Ambatana e.V.
Spridererweg 8
84577 Tüßling, Germany
kontakt@ambatana.de
www.ambatana.info

SEPA Direct Debit Mandate



Creditor Identifier: DE61ZZZ00001437575
Mandate reference: (to be completed by Ambatana e.V.)

By signing this mandate form, you authorise (A) the creditor **Ambatana e.V.**, to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with **Ambatana e.V.**'s instructions.

Please note: You have the right to request a refund from your bank under the terms and conditions of your agreement with your bank. A refund request must be submitted within eight weeks starting from the date on which your account was debited.

Type of payment: Recurrent payment

Debtor's name: _____

IBAN (max. 34 characters): _____

BIC (8 or 11 characters): _____

Place/date

Signature

We take the protection of your personal data very seriously and treat it confidentially and in accordance with the relevant legal data protection regulations. We will use your data exclusively for the intended purposes. Beyond that, we do not pass on any data to third parties. You can obtain information about your data stored by us at any time and exercise your right to correct any incorrect data as well as to have it blocked or deleted, provided that there is no legal obligation to retain the data.

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