

Gesundheit und Dritte Welt e.V.
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BUKO
Pharma-Kampagne

I Wish to Make Regular Donations

SEPA Direct Debit Mandate

By signing this mandate form I authorise a) Gesundheit und Dritte Welt e.V., August-Bebel-Str. 62, 33602 Bielefeld (Identifier of the creditor: DE56ZZZ00000021853) to send instructions to my bank to debit my account and b) my bank to debit my account in accordance with the instructions from Gesundheit und Dritte Welt e.V. I will get my mandate reference together with my prenotification in due time.

I wish to make regular donations

I will receive the periodical Pharma-Brief without further costs. My donation receipt will be sent to me on a yearly base.

From the month of _____ 20__ on I will donate _____ Euro per
 month quarter half-year year.

_____ | _____
Bank name and BIC

__ __ __ | __ __ __ | __ __ __ | __ __ __ | __ __ __ | __ __ __ | __ __ __ | __ __ __
IBAN

As part of my rights, I am entitled to a refund from my bank under the terms and conditions of my agreement with my bank. A refund must be claimed within 8 weeks starting from the date on which my account was debited.

Name of the account holder

Street name and number

Postal code, town and country

Date, location, signature of the account holder

My data will be used for internal applications only and will not be made available to third parties.

Please fill in this form and send it back complete with date and signature