

APPLICATION FORM



I become a friend/donation partner of Foundation “Amis de Notre Dames des Colombier”

Starting _____ (first of each month) I authorise the foundation to collect the following amount from my account (right to revoke automatic withdrawal in 56 calendar days)

Monthly ☐ €2,50 ☐ €5,00 ☐ €10,00 ☐ €25,00 ☐ other € ____

Yearly ☐ €30,00 ☐ €50,00 ☐ €100,00 ☐ €200,00 ☐ other € ____

Name _____ M/F

Address _____

Postal code _____ Place _____

Telephone _____ Email _____

Date of birth _____ IBAN number _____

Date _____ Signature _____

For your privacy, send your authorisation in a sealed envelope, to:

Stichting Notre Dame de Colombier
Lindenlaan 4
NL - 5384 BD Heesch