



Declaration of long-term Benefactorship

Yes, I support the AFV with a long-term donation

of _____ EUR

monthly
(1st day of every month)

quarterly
(January 1st, April 1st,
July 1st, October 1st)

semi-annual
(January 1st, July 1st)

annual
(timely, then April 1st
of the following year)

Starting at: _____

Last name, first name: _____

Street, No.: _____

Zip, City, Country: _____

Date of Birth: _____

Occupation: _____

Phone/Mobile: _____

E-Mail: _____

Direct Debit authorization:

**By choosing direct debit you will be making our job easier and lower our expenses.
We can invest that in our projects!**

BIC / Name of the bank: _____

IBAN: _____

Account holder: _____

Disclaimer: I can claim a refund within 8 weeks after being charged. Our terms and conditions of our payment processor apply.
If my account does not have a sufficient balance, my bank will not be obligated to submit my payment.
You can terminate direct debit at any time.

Yes, please keep me updated on the work of the Afghan Volunteer Women's Association

I read and agreed to the terms and conditions (www.afghanischer-frauenverein.de/datenschutz). Your personal information will not be shared with a third party.

Date, Place

Signature

You can terminate your long-term contribution at any time.

All donations are tax deductible.

Please inform us about any changes regarding your personal information in time. Thank you!