



Stückchen Himmel e.V. – Teichweg 7 – 75382 Althengstett – Ottenbronn – Germany

APPLICATION OF SPONSORSHIP

Name _____

Street _____

ZIP, City _____

Phone Number _____

Cell Phone _____

E-Mail _____

I / We like apply for a full sponsorship in the amount of 170 euros per month for:

(Name of Child)

I / We like apply for a half sponsorship in the amount of 85 euros per month for:

(Name of Child)

I / We like apply for a quarter sponsorship in the amount of 43 euros per month for:

(Name of Child)

Bank collection of sponsorship fees is done by direct debit procedure first time in the month of this membership application, then in January of the subsequent year. A donation certificate will be sent by the end of the year.

City, Date

Signature

1st Chairman Gerhard Rall 2nd Chairman Otto Arnold Treasurer Christoph Rall Board Member Martin Zettler Board Member Gerhard Isringhausen	Förderverein Stückchen Himmel e.V. Hardtstr. 6 . 71672 Marbach Germany Date: 12.07.2014	Phone +49 (0) 7051 930030 Fax +49 (0) 7052 1798114 info@stueckchen-himmel.org www.stueckchen-himmel.org	Register of Association VR 527 District Court Marbach Bank: Kreissparkasse Ludwigsburg BLZ 604 500 50 Kto.Nr. 5328 IBAN DE03 6045 0050 0000 0053 28
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Direct Debit Mandate

Hereby I / we authorize the association revocable to collect my / our membership fee when due by direct debit from this bank account:

Account Holder (if different):

IBAN: _____ BIC: _____

Name of Bank: _____

City, Date

Signature

1st Chairman Gerhard Rall 2nd Chairman Otto Arnold Treasurer Christoph Rall Board Member Martin Zettler Board Member Gerhard Isringhausen	Förderverein Stückchen Himmel e.V. Hardtstr. 6 . 71672 Marbach Germany Date: 12.07.2014	Phone +49 (0) 7051 930030 Fax +49 (0) 7052 1798114 info@stueckchen-himmel.org www.stueckchen-himmel.org	Register of Association VR 527 District Court Marbach Bank: Kreissparkasse Ludwigsburg BLZ 604 500 50 Kto.Nr. 5328 IBAN DE03 6045 0050 0000 0053 28
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