

KINDERGARTEN SPONSORSHIP AGREEMENT

Surname, first name: _____
Street: _____
Postcode, town: _____
E-mail address: _____

I would like to become a kindergarten sponsor with effect from _____ (date).

I am willing to pay a monthly contribution of: 5,-€ 20,-€ 50,-€
 10,-€ 30,-€ _____€

Contributions are paid on the 1st of each month by direct debit (see 2nd page).

- YES, I would like to receive pictures and updates from the kindergarten (unsubscription possible at any time)
- YES, I would also like to receive a newsletter about the current projects and progress of Conambiki (interval approx. every 3 months, unsubscription possible at any time)

The monthly contribution covers the running costs of the kindergarten. These include the salaries of the carers, the night-time security of the premises, the operating costs for electricity and water supply, and in the future the food for the preparation of a hot lunch as well as other expenses of the kindergarten that are deemed reasonable.

The sponsorship agreement is concluded for an indefinite period and can be cancelled in writing by either party with four weeks' notice to the end of the month.

The sponsorship does not entail any further rights or obligations.

With my signature, I agree to the points listed and declare that I consent to my personal data (surname, first name, addresses, e-mail address, bank details) being stored, processed and used electronically during my membership for the purposes of association administration.

Place, date

Signature



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SEPA DIRECT DEBIT MANDATE

By signing this mandate form, you authorise (A) Conambiki e.V. to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Conambiki e.V.

Note: I can request a refund of the debited amount within eight weeks of the debit date. The conditions agreed with my bank apply.

Creditor's name: Conambiki e.V.

Creditor identification identifier: DE25ZZZ00002335473

Name of account holder: _____

Address of account holder: _____

Bank: _____

Account number / IBAN: _____

SWIFT BIC: _____

Country: _____

Place, date

Signature

Submit agreement by mail to:

kontakt@conambiki.de

or by post to:

Conambiki e.V.
Raiffeisenstrasse 5
83451 Piding

Donation account at VR Bank Oberbayern Südost

IBAN: DE92 7109 0000 0001 8569 01

BIC: GENODEFIBGL

Amtsgericht Traunstein | Register number: VR 202217
Non-profit status according to §§ 51, 59, 60, 61 AO recognised
by the Traunstein tax office, tax number: 163/107/40555