



## SOUPKITCHEN SPONSORSHIP AGREEMENT

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

I would like to become a soupkitchen 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 soupkitchen (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 soupkitchen. These include the costs of wood, water and the groceries that Annette has to buy in order to prepare the meals, as well as other expenses of the soupkitchen 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

**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



## SOUPKITCHEN SPONSORSHIP AGREEMENT

### 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

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