



VOCEN e.V.

www.vocen2020.de

Donation form

Yes, I would like to support VOCEN e.V. and authorize VOCEN e.V. to debit the following donation from my account.

Debit: monthly
 annual
 unique

I/We donate(s): _____ €

From date: _____

Personal data:

Company: _____

Greeting: _____

Title: _____

First name: _____

Last name: _____

Street: _____

Postcode/City: _____

Telephone: _____

E-Mail: _____

Bank details.

Creditor Identification Number DE46482501100004067427

Account number _____ IBAN _____

Bank code _____ BIC _____

Bank _____

_____, the _____
(Place) (Date)

(Signature)