

Application for a Godparenthood
 Membership



Last name:

First name:

Date of birth:

Street:

ZIP: Place:

Phone:

E-Mail:

As of:

My Godparent fee:
(at least 25,- EUR monthly).
50,- EUR guarantees basic services for a child!

My club member fee:
(at least 25,- EUR annually).

- monthly
- quarterly
- annually

I accept the articles of the Eliya Children's Home Club from May 22, 2008 and the terms of Godparenthood at the home-page under www.eliya-kinderheim-srilanka.com.

.....
Place, Date

.....
Signature

SEPA-Depit advice mandate

Donor identification number: DE83ZZZ00000812499

Mandate reference = Membership number

Account holder

Last name, First name:

Street:

ZIP:

Place:

IBAN:

BIC:

I authorize the Eliya Children's Home club to collect payments from my account by direct debit.

I allow my credit institution to directly debit on behalf of the Eliya Children's Home club.

Note: Within eight weeks of this agreement, I can demand the refund of the entire charged amount.

The terms and conditions of my credit institutions will be in force.

Method of payment: recurring payments.

Kinderheim:
Eliya Children Home,
Kapuhenwala, Marakolliya,
Tangalle,
Sri Lanka,
Tel.: 0094-(0)-777905480

Verein:
Eliya Kinderheim e.V.
Marie-Juchacz-Str. 8
67663 Kaiserslautern

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Place, Date

.....
Signature