

BECOME A MEMBER OF BATA CHILDREN'S AID INTERNATIONAL



BATA Kinderhilfe International
Yorckstr. 12
44789 Bochum
Germany

info@bata-kinderhilfe.org
www.bata-kinderhilfe.org

DECLARATION OF ACCESSION

I would like to join BATA Kinderhilfe International (BATA Children's Aid) as a member.

First and Last Name _____
Institution / Company _____
Street _____
Land, Zip Code, City _____
Phone _____
E-Mail _____

MEMBERSHIP FEE

Upon accession I agree to make a contribution of _____ Euro monthly. The membership fee is optional. A **Simple Membership** starts with a monthly minimum donation of **10 Euros**. For a **Sponsorship** you are requested to pay **20 Euros** per month. At the end of each year you will automatically receive a contribution receipt for the total amount donated.

CHILD'S COUNTRY OF ORIGIN

I would like to sponsor a child from

- the Philippines,
- from Uganda, or
- from Congo.
- I have no preference.

ADDRESS

Please send the signed membership declaration to the following address:

BATA Kinderhilfe e.V.
Judith Pomm
Yorckstr. 12
44789 Bochum
Germany

FORM OF PAYMENT

Bank Transfer

I will transfer the aforementioned amount monthly to the following account.

Account Holder	BATA Kinderhilfe International
Bank	GLS Bank Bochum
IBAN	DE68430609674072864500
BIC	GENODEM1GLS (Bochum)
Reason for Transfer	Simple Membership <input type="checkbox"/>
	oder Sponsorship <input type="checkbox"/>

or

SEPA-Direct Debit Mandate

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

Account Holder	_____
Bank	_____
IBAN	_____
BIC	_____
Creditor ID	DE69ZZZ00000899566
Reason for Transfer	Simple Membership <input type="checkbox"/>
	oder Sponsorship <input type="checkbox"/>

PLACE, DATE

SIGNATURE