

AGREEMENT PERIODIC DONATION

MY DETAILS

☐ m ☐ f
☐ other ☐ prefer not to say

Surname _____
 First name(s) _____
 Citizen service number (BSN) _____
 Date of birth and birthplace _____
 Street address & number _____
 Zip code & City _____
 Telephone number _____
 E-mail address _____
 Marital status ☐ unmarried ☐ married ☐ registered partnership

DETAILS OF MY PARTNER, WHO IS AUTHORIZING THIS DONATION (IF APPLICABLE)

☐ m ☐ f
☐ other ☐ prefer not to say

Surname _____
 First name(s) _____
 Citizen service number (BSN) _____
 Date of birth and birthplace _____

BENEFICIARY DETAILS

Name Stichting Justice & Peace Netherlands
 Street address & number Riviervismarkt 4
 Zip code & City 2513 AM The Hague
 Transaction number _____ (to be completed by Justice & Peace)
 RSIN number 816171701

Yes, I want to make a periodic donation to Justice & Peace Netherlands. I declare that I donate a periodic benefit of € _____ per year; written amount:

_____ as of the year _____ for a period of:

☐ 5 years ☐ year (min. 5) ☐ indefinite period with a minimum of 5 years (you can cancel at any time after 5 years).

The obligation to make periodic donations expires:

☐ upon passing away of the donor
☐ upon passing away of someone else: _____

I WANT TO MAKE THE DONATION IN THE FOLLOWING WAY:

☐ I will transfer the amount to IBAN NL64 ABNA 0642089841 attn. Justice & Peace Netherlands, under the name of _____ (to be completed by Justice & Peace)

☐ I authorize Justice & Peace Netherlands to debit the amount automatically
(please fill in the details below within the CONTINUING SEPA AUTHORIZATION box)

CONTINUING SEPA AUTHORIZATION

(Only applicable if you authorize Justice & Peace Netherlands to debit the amount)

☐ I authorize Justice & Peace Netherlands to debit the amount once per

☐ year ☐ quarter

☐ half a year ☐ month

to be debited in equal installments from IBAN

Payee ID

Attribute authorization _____ (to be completed by Justice & Peace)

SIGNING CONTINUING SEPA AUTHORIZATION

Date _____

Place _____

Signature donor:

SIGNING AGREEMENT PERIODIC DONATION

SIGNING (ON BEHALF OF) BENEFICIARY

Name _____

Function _____

Place _____

Date _____

Signature on behalf of beneficiary:

SIGNATURE(S) DONOR

Place _____

Date _____

Signature donor:

Signature partner (if applicable):

