



*I give Hope
my Hand!*

HOPE VILLAGE EUROPE

Yes, I would like to support Hope Village!

Sum of monthly donations: _____ €
(Min. 3 € ; Max. 15 €)

Name/Surname: _____

Address: _____

Country: _____

E-Mail: _____

IBAN: _____

BIC: _____

You will receive a confirmation and a personal donor number by e-mail. On the 1st of each month your donation will be debited from your account. Your bank statement will show our SEPA ID and your donor number.

Hope Village Europe

Kinkerstraat 228-b
1053 EN Amsterdam
The Netherlands

www.hopevillageeurope.com
info@hopevillageeurope.com

How did you hear about Hope Village?

☐
☐

I was a volunteer at Hope Village.
I was informed about the „Foundation
Hope Village Europe by:

Date: _____

Place: _____

Signature: _____

By signing this mandate form, you authorise Foundation Hope Village Europe to send every month instructions to your bank to debit your account and your bank to debit your account monthly in accordance with the instructions from Foundation Hope Village Europe. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.