



Direct Debit Authorisation

Yes, I support the Pestalozzi Children's Foundation with an annual amount of:

- CHF 48.- (Minimum recommendation for the circle of friends)
- CHF 180.- (Minimum recommendation for a sponsorship)
- CHF 360.-
- CHF _____ (amount per choice)

I pay:

- monthly
- quarterly
- semi-annually
- annually

Thank you for helping us to keep our administrative costs low.

Debit orders are executed by the bank and the PostFinance free of charge!

<input type="checkbox"/> Debit Advice Procedure via Bank (LSV)	Bank-Account No. _____
<input type="checkbox"/> Debit Advice Procedure via Post (DD)	Post-Account No. _____
Name of the bank	_____
Postcode / location of the bank	_____
Bankclearing-No.	_____

Debit authorization (with the possibility of revocation):

With this I authorize the Pestalozzi Children's Foundation until further notice, to debit the above amount to my account. If my account does not have sufficient funds, there is no obligation debit it. If I send a written cancellation to PostFinance or to my bank within 30 days, the already debited amount will be refunded to me. If I cancel the sponsorship all debits will end automatically.

The debit authorization is valid from: immediately _____ (month/year)

Form of address Mrs. Mr. Family Company

Second Name _____

First Name _____

Street-No. _____

P.O. Box/Location _____

Your information is kept confidential and will not be disclosed to third parties. You may deduct donations from your taxes! In January you will receive a donation receipt for your tax authority.

Location / Date _____ Signature _____

Leave blank (to be completed by the bank)
BIC _____ IBAN _____
LSV-Identification: SKP1W

Signed form through the post to:

Pestalozzi Children's Foundation, c/o Department Fundraising, Kinderdorfstrasse 20, CH-9043 Trogen