

LIKONI-Healthcare for all e.V.

Likoni - Healthcare for all e.V.
Maria Sedlmair
Am Hausberg 2
86684 Holzheim
Germany



SPONSORSHIP

I hereby offer my sponsorship for the hospital in Likoni/Mombasa.

With this sponsorship the construction and maintenance of the hospital as well as the medical care for poor families and street children are provided. The sponsorship will not be used for any specific person, but for all people in need of help at the hospital and for existence of the hospital itself.

Sponsors are informed once a year about the project with photos and reports and receive a donation receipt after 31st December of each year.

I would like to support the hospital monthly with the following amount
(amount to be collected on the 15th of each month):

5€ 10€ 15€ 20€ _____ freely selectable amount

I/We revocably authorize you to transfer the payments to be made by me/us due direct debit from my/our account.

Please note: I/we can withdraw the debit within eight weeks, starting from the debit date. The terms and conditions agreed with my/our credit institute apply.

DE76ZZZ00000225193

Patenschaft Nr.

Creditor identification number:

Mandate reference

Name, first name, street, house number, postcode, city, country

Bank

Bank code

Account number

BIC

IBAN

e-mail address

Date

Signature

**The sponsorship can be cancelled without indicating reasons by writing to us at any given time.
Cancellation is thereby made to the end of that month.**