

Yes, I want to support NIHS Brabant!

Creditor Details

Name: NIHS Brabant
Address: Hendrik Casimirstraat 23
Postal Code and City: 5616 BJ, Eindhoven
Country: Nederland
Bank Account Number: NL37RABO0163310335
Reference Authorization: Donation NIHS Brabant

By signing this form, you give permission to NIHS Brabant to debit the following amount from your account.

€25,- €50,- €100,- €200,- different amount €

One-time authorization Monthly recurring authorization Yearly recurring authorization

By giving this authorization, you grant NIHS Brabant permission to send a (recurring) direct debit request to your bank to debit the chosen amount from your account, and your bank to (recurringly) debit the chosen amount from your account in accordance with NIHS Brabant's instructions. If you disagree with this debit, you can have it reversed. Please contact your bank within eight weeks after the debit. Please consult your bank for the terms and conditions.

Uw gegevens:

Name and initials:	
Address:	
Postal Code and City:	
Country:	
E-mail address:	
Account number:	<input type="text"/>
Date:	Signature:

- I agree to the privacy statement of NIHS Brabant. (see www.nihsbrabant.nl/privacystatement)
 I would like to be kept informed by NIHS Brabant – Joodse Gemeente Eindhoven.