



Berliner Leberring e.V.
c/o Charité Campus Benjamin Franklin
Hindenburgdamm 30
12203 Berlin

Berlin, date:

Or by fax: 030/74924407 to *Berliner Leberring e.V.*

Donation to *Berliner Leberring e.V.*

Amount of donation in EUR: _____

I hereby authorize *Berliner Leberring e.V.* to make a one-time/repeated direct debit in the above specified quantity.

Name of Account Holder:
Account Number:
Bank Code Number:
Credit Institute:

*Regarding repeated direct debits:

The above specified sum may be debited once / every half year / every year from the account listed above. (Please indicate desired option!)

Donation Receipt

- Yes, please send a donation receipt to the above specified address
 No, I do not require a donation receipt

Should the direct debit not be honored due to insufficient funds or other reasons, the returned direct debit fees will be invoiced to the donor.

Your name(s):
Your address:
Place, date:

Your signature(s):

Berliner Leberring e.V. Consultation Center for Hepatitis Patients			
c/o Charité Campus Benjamin Franklin, Hindenburgdamm 30, 12203 Berlin-Steglitz, Haus III, 1. OG rechts			
Hours:	Berliner Sparkasse	Finanzamt für	Tel.: 030 - 83 22 67 75
Tuesday 13 - 17	BLZ: 100 500 00 - Kto.: 0190 3764 49	Körperschaften I Berlin	Fax: 030 - 74 92 44 07
Thursday 13 - 17	IBAN: DE31 1005 0000 0190 3764 49	St. Nr. 27/661/60079	kontakt@berliner-leberring.de
	BIC: BELADEBEXX		www.berliner-leberring.de