

delfine therapieren menschen e.V. Angermunder Straße 9, 40489 Düsseldorf

Yes. I will help children and adults with special needs.			
I woul	ld like to become a supporting	g member of delfine therapieren menschen e. V.:	
□ Mr.		rse	
First N	Name	Last Name	
Addre	ess (Street/Postal Code/City/Cour	ntry)	
Telepl	hone		
E-Mail	<u> </u>		
	I hereby grant direct debit au contribution for supporting m	thorization for my account in the amount of the minimum embers. *	
	I hereby grant direct debit authorization for my account in the amount of Euro for supporting members. *		
	I am happy to make a single donation in the amount of Euro and grant a one-time direct debit authorization for my account for this donation. *		
My ba	nk account details are:		
IBAN		BIC	
Financ	cial Institution		
onl ind	y be used for the purposes of the org	by the organization delfine therapieren menschen e. V. This data will ganization. This data will only be disclosed to persons directly or Data protection regulations shall be observed. This agreement may	
Place	Date	Cignatura	
Place,	, vale	Signature	
120,	yearly supporting members contribut 00 Euro. delfine therapieren mensch nization in Germany and your donati		

are tax-deductible.



^{**} You can find more information about our organization and about data protection on our homepage: www.delfine-therapieren-menschen.de