



GOT MATAR Community Development Group Donation Form

Personal Details			
Name:		Telephone:	
Address:			Postcode:
email:			

EITHER :

One off Donation	
I would like to donate €/US\$ _____ to the GOT MATAR Community Development Group	
Please tick relevant box:	
<input type="checkbox"/> I enclose a cheque payable to Associazione SONIA	
<input type="checkbox"/> I am instructing my bank to make a transfer to Associazione SONIA on my behalf. (from within Italy)	
<input type="checkbox"/> I have made an e-transfer to Associazione SONIA. (from banks outside Italy - use SWIFT or IBAN)	
Banking Details:	Associazione SONIA, BancaProssima, Filiale Milano 05000, Sportello di Roma 01222, Via Gregorio VII, 00165 Roma, Italy
Inter-bank transfers in Italy:	CIN: L ABI: 03359 CAB: 016001 Account N°: 00000002604
E-transfers from abroad:	SWIFT/BIC: BCITITMX IBAN: IT81L 03359 016001 00000002604

OR:

Regular Donations: Standing Order Mandate					
	Account to be debited			Beneficiary Account	
Bank & Branch:				BancaProssima, Filiale Milano 05000, Sportello di Roma 01222, Via Gregorio VII, 00165 Roma	
IBAN:					From Italy: CIN: L ABI: 03359 CAB: 016001 IBAN: IT81L 03359 016001 00000002604
Account Name:				Associazione SONIA	
Date of first payment		Date of last payment		OR	<input type="checkbox"/> Continue till further notice (please tick)
Amount of first and usual payment	€, US\$, £ _____			To be paid: (Please tick)	
Amount in words:				<input type="checkbox"/> Monthly <input type="checkbox"/> Every three months <input type="checkbox"/> Annually <input type="checkbox"/> Other (Please specify)	
Signed:			Date:		

Purpose of Donation
The purpose of my donation is to finance: <input type="checkbox"/> School Construction: \$/€ _____ <input type="checkbox"/> Bursaries: \$/€ _____
Note any detailed requirements re bursaries: (e.g. no. of bursaries and period in years / for male or female students, etc)

Please return completed form to:

Associazione SONIA, Via Vetulonia 38A, 00183, Roma, Italia
email: vandarella@gmail.com