



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 IBAN)	
Banking Details:	Associazione SONIA, UNICREDIT BANCA, Agenzia 36016 Magna Grecia B, Piazza Tuscolo 27, ROMA 00183, Italy
Inter-bank transfers in Italy:	IBAN: IT18P0200805032000003651928
E-transfers from abroad:	IBAN: IT18P0200805032000003651928

OR:

Regular Donations: Standing Order Mandate					
	Account to be debited			Beneficiary Account	
Bank & Branch:				UNICREDIT BANCA, Agenzia 36016 Magna Grecia B, Piazza Tuscolo 27, ROMA 00183	
IBAN:					IBAN: IT18P0200805032000003651928
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
In making bank transfers or credit card payments, please indicate that these are "for Got Matar"

Please return completed form to:

Associazione SONIA, Via Vetulonia 38A, 00183, Roma, Italia

email: vandarella@gmail.com