



## 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:  |   |  |  |  |  |  |
| □ I enclose a cheque payable to Associazione SONIA   |   |  |  |  |  |  |
| □I am instructing my bank to make a transfer to Associazione SONIA on my behalf. (from within Italy) |   |  |  |  |  |  |
| □ 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 Nº: 00000002604                 |   |  |  |  |  |  |
| E-transfers from abroad:   | SWIFT/BIC: BCITITMX IBAN: IT81L 03359 016001 0000002604 |  |  |  |  |  |

| OR:                                       |                       |            |  |  |  |                    |                      |   |                           |  |   |      |  |  |  |  |  |
|---|-----------------------|------------|--|--|--|--------------------|----------------------|---|---------------------------|--|---|------|--|--|--|--|--|
| Regular Donations: Standing Order Mandate |                       |            |  |  |  |                    |                      |   |                           |  |   |      |  |  |  |  |  |
|   | Account to be debited |            |  |  |  |                    |                      |   |                           |  |   |      | Beneficiary Account  |  |  |  |  |
| Bank & Branch:                            |                       |            |  |  |  |                    |                      |   |                           |  |   | Spo  | BancaProssima, Filiale Milano 05000,<br>Sportello di Roma 01222, Via Gregorio VII,<br>00165 Roma |  |  |  |  |
| IBAN:                                     |                       |            |  |  |  |                    |                      |   |                           |  |   |      |  | From Italy: CIN: L ABI: 03359 CAB: 016001<br>IBAN: IT81L 03359 016001 0000002604 |  |  |  |
|   |                       |            |  |  |  |                    |                      |   |                           |  |   |      |  |  |  |  |  |
|   |                       |            |  |  |  |                    |                      |   |                           |  |   |      |  |  |  |  |  |
| Account Name:                             | count Name:           |            |  |  |  | Associazione SONIA |                      |   |                           |  |   |      |  |  |  |  |  |
| Date of first<br>payment                  |                       |            |  |  |  |                    | Date of last payment |   |                           |  |   |      |  | OR   | Continue till further notice (please tick) |  |  |
| Amount of first and usual payment         | €,                    | €, US\$, £ |  |  |  |                    |                      |   | To be paid: (Please tick) |  |   |      |  |  |  |  |  |
| Amount in words:                          |                       |            |  |  |  |                    |                      | □ Monthly □ Every three months<br>□ Annually □ Other (Please specify) |                           |  |   |      |  |  |  |  |  |
| Signed:                                   |                       |            |  |  |  |                    |                      |   |                           |  | D | ate: |  |  |  |  |  |
|   |                       |            |  |  |  |                    |                      |   |                           |  |   |      |  |  |  |  |  |

| Purpose of Donation   |                   |  |  |  |  |
|---|-------------------|--|--|--|--|
| The purpose of my donation is to finance: $\Box$ School Construction: \$/ $\in$   | □ 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:

Associazionie SONIA, Via Vetulonia 38A, 00183, Roma, Italia email: associazionesonia@yahoo.co.uk