



## Letter of Authorisation

Yes, I will support the Kalinga projects and become a contributor!

Until further notice I authorize Kalinga to withdraw  
once a month / once every three months / once a year\* \_\_\_\_\_ EURO from my account.\*\*

I authorize Kalinga, non-recurring, to withdraw \_\_\_\_\_ EURO from my account.\*\*

Name: \_\_\_\_\_ m / f \*

Address: \_\_\_\_\_

Postal code / Place: \_\_\_\_\_

Country: \_\_\_\_\_

Bank account or Giro account number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Newsletter by: e-mail / standard mail \* \_\_\_\_\_

Signature: \_\_\_\_\_ Place, Date: \_\_\_\_\_

You can send this form to:

Stichting Kalinga  
Lange Nieuwstraat 9a  
3512 PA Utrecht  
Nederland

\* strike out where not applicable.

\*\* if you do not agree with the withdrawal, please inform your bank or Post Office Giro to reverse the amount.