An den

Förderkreis Schwerkranke Kinder e.V.

in der Region Aachen

Schloss-Rahe-Str. 15

52072 Aachen

Per Post an die oben stehende Adresse,

per E-Mail an [fsk@fsk-aachen.de](mailto:fsk@fsk-aachen.de)

oder per Fax an 0241/98900331

**Beitrittserklärung**

Hiermit erkläre ich meinen Beitritt zum Förderkreis „Schwerkranke Kinder e.V. in der Region Aachen.

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| Name: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vorname: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Geburtsdatum: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Straße, Nr.: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PLZ / Ort: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telefon /  E-Mail: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mein Jahresbeitrag von…: | | | € | | | | …soll auf Widerruf  ab Anf.Dezember… | | | | | | | | 20\_\_\_ | | | | | …einmal jährlich durch Lastschrift eingezogen werden. | | | | | | | | | | |
| Beitragshöhen ab: | | | …mindestens 20 € für Einzelpersonen, …mindestens 30 € für Ehepaare und  …mindestens 100 € für Einrichtungen und Firmen (lt. Satzung) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IBAN: | | | D | E |  |  | |  |  |  |  | |  |  | |  |  |  | | |  |  |  |  |  |  |  |  | |  |
| BIC: | | |  | | | | | | | | | Name der Bank: | | | | | |  | | | | | | | | | | | | |
|  | Ich benötige  jährlich eine Spendenbescheinigung | | | | | | | | | | | Ich benötige  **keine** Spendenbescheinigung | | | | | | | | | | | | | | | | |  | |
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| Datum | | Unterschrift | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | |