



**Yes, I will become a donor and the BmB foundation may receive my donation through direct debit!**

initials \_\_\_\_\_  
first name \_\_\_\_\_  
last name \_\_\_\_\_  
address \_\_\_\_\_  
zip code / city \_\_\_\_\_  
phone number \_\_\_\_\_  
mobile number 06 - \_\_\_\_\_  
e-mail address \_\_\_\_\_

newsletter  yes, I would like to receive the annual newsletter

my periodic contribution: € \_\_\_\_\_

period  per month  
 per quarter  
 every six months  
 per year

date \_\_\_\_\_

signature \_\_\_\_\_

**Print this form and send it to:**  
BmB / attn. José Lenes-Haarsma  
Dracht 146  
8442 BZ Heerenveen  
The Netherlands

*Hartelijk dank voor uw steun!*