

Thank you very much for your collaboration

Thanks to people like you, many butterflies will rise.



Crisálida



Please fill in each blank field and indicate the contribution you wish to make.

Sign the document and send a copy to

espaciocrisalida@gmail.com

RECURRING TRANSFER ORDER

BANK: _____

ADRESS: _____

Dear Srs.

As the holder of the account subscribed with you, in the number:

SWIFT									

Bank		Office		DC		Account												

Mr./Mrs. _____ **with ID CARD.:** _____

I request that you proceed:

- REGULAR MONTHLY TRANSFER**..... 5.00€.
- REGULAR MONTHLY TRANSFER**..... 10.00€.
- REGULAR MONTHLY TRANSFER**..... 20.00€.
- REGULAR MONTHLY TRANSFER** _____ €

This transfer must be made between days 1 and 10 to the following account: Holder of

Owner: **Asociación Espacio Crisálida Asturias**

CIF: **G74469727**

SWIFT: **BCOESMM059**

IBAN: **ES56 3059 0110 63 3163987328**

Concept: **Membership fee Mr./Mrs.** _____

Such transfer must be made until further notice.

And as proof of the conformity of this application, I sign this document.

Date: _____

Signature: _____