

Recurring donation agreement

1 Donation agreement

The undersigned agrees to make a donation to the institution mentioned hereinafter referred to as

Free Press Unlimited

RSIN identification number

850 683 476

The donation consists of fixed and equal periodic payments of (amount in figures) (minimum € 50)

(amount in words) euro

per year, to be paid for at least five years and ending no later than with:

- the death of the donor
- the death of whoever lives the longest, the donor or the partner

Furthermore, the obligation can be ended upon request by the donor in the event of:

- The donor's incapacity for work, or involuntary unemployment;
- Bankruptcy of the institution, or the loss of its ANBI status.

2 Donation period

2a What is the period of the donation? 5 years years (minimum 5 years) indefinite period

2b Start year for the donation

3 Authorisation for SEPA direct debit

By signing this form, I authorise Free Press Unlimited to send direct debit orders to my bank on an ongoing basis (until further notice and for at least five years) for the deduction of the above amount from my account at the following frequency:

- annually biannually quarterly monthly

If you have a current authorisation, this new authorisation will cancel it.

I authorise my bank to continuously debit an amount from my account in accordance with the order of the above-named institution.

IBAN (account number):

If you disagree with this debit, you can have it reversed. In that case, please contact your bank within 8 weeks of the debit. The creditor ID of the institution is NL72ZZZ529575350000.

In the case of a monthly, quarterly or biannual direct debit, I grant permission for the one-time collection of the expired payment term(s).

Please contact us if you wish to pay this residual amount in another way. Donations made before the signing of the donation agreement do not count towards the first year's donation contribution.

- I will transfer the amount myself to bank account number NL921INGB0000007676 in the name of Free Press Unlimited, Amsterdam.

4 Donor information

Last name

First and middle names (in full)

Citizen service number (BSN)

Date and place of birth - -

Street and house number

Postal code and city

Telephone number

E-mail

Yes, please keep me informed by email about news, campaigns and events.

5 Donor's partner information (if applicable)

Marital status I am married to I am a registered partner of Not applicable

Last name

First and middle names (in full)

Citizen service number (BSN)

Date and place of birth - -

6 Signature of donor(s)

Place and date - -

Signature of donor

Signature of partner (*grants permission*)

7 Signature on behalf of Free Press Unlimited

Name

Place and date - -

Transaction number

Signature on behalf of Free Press Unlimited

Checklist:

1. Have you signed the form above?
2. Did your partner (if applicable) sign?
3. Have you completed and signed both the donor's copy and the institutional copy?

If so, please send both copies to:

Free Press Unlimited
Attn: Donor administration
Antwoordnummer 46649
1060 VE Amsterdam
(A stamp is not required)

After we have signed the documents, we will send the donor's copy back to you for your records.

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4 Donor information

| | |
|----------------------------------|---|
| Last name | <input type="text"/> |
| First and middle names (in full) | <input type="text"/> |
| Citizen service number (BSN) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Date and place of birth | <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Street and house number | <input type="text"/> |
| Postal code and city | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Telephone number | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
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| Date and place of birth | <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

6 Signature of donor(s)

Place and date - -

| | |
|----------------------|---|
| Signature of donor | Signature of partner (<i>grants permission</i>) |
| <input type="text"/> | <input type="text"/> |

7 Signature on behalf of Free Press Unlimited

| | |
|---|--|
| Name | <input type="text"/> |
| Place and date | <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Transaction number | <input type="text"/> |
| Signature on behalf of Free Press Unlimited | <input type="text"/> |

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