

Undersigned declares to donate to the Stichting Nederlands Dans Theater for a period of at least five years. The donation consists of fixed and equal periodic payments of

Yearly amount in numbers \_\_\_\_\_

Yearly amount in letters \_\_\_\_\_

- The donation ends upon the death of the donor  
 The death of another person than the donor namely \_\_\_\_\_

The agreement automatically ends when the organisation loses her ANBI status (Dutch Public Benefit Organisation) and/or in case of bankruptcy. When the donor becomes disabled for work or unemployed involuntary, the donor is entitled to end the agreement prematurely. The agreement is considered to be ended as soon as the donor has informed the organisation in writing.

**Duration of the donation**

- 5 years                       \_\_\_ years (minimum 5 years)                       indefinite period

Initial year 20\_\_

**Personal details**

Last name \_\_\_\_\_  M     F

First names (in full) \_\_\_\_\_

BSN (citizen service number) \_\_\_\_\_

Date of birth \_\_\_/\_\_\_/\_\_\_\_\_                      Place of birth \_\_\_\_\_

Street \_\_\_\_\_                      Number \_\_\_\_\_                      Addition \_\_\_\_\_

Postal code \_\_\_\_\_                      Place \_\_\_\_\_

Telephone \_\_\_\_\_                      E-mail \_\_\_\_\_

**Details partner**

- married to                       registered partner of                       not applicable

Last name \_\_\_\_\_

First names (in full) \_\_\_\_\_

BSN (citizen service number) \_\_\_\_\_

Date of birth \_\_\_/\_\_\_/\_\_\_\_\_                      Place of birth \_\_\_\_\_

**Details Nederlands Dans Theater** (to be completed by Nederlands Dans Theater)

Creditor ID NL85ZZZ411501840000  
RSIN/Fiscaal nummer 002874416  
Transactionnummer \_\_\_\_\_

**Payment method**

Undersigned authorizes Stichting Nederlands Dans Theater to collect above mentioned yearly donation during the indicated period in equal terms per

month                       quarter                       half year                       year

from IBAN NL \_\_\_\_\_ in the name of \_\_\_\_\_

*In case of a collection per month, quarter or half year, I hereby allow to collect the already expired periods by a one-time collection. Donations that have been done before the signing of this agreement, are not included in the donation of the first year. If you disagree with the collection by NDT, you can arrange to reverse the amount. Contact you bank within 8 weeks. Ask your bank which conditions apply.*

I transfer the amount in one time to IBAN NL27 ABNA 0628 0833 19 in the name of Stichting Nederlands Dans Theater stating the transactionnumber of the year during which the donation is transferred.

**Attribution**

Yes, I agree to use my name in communications of Nederlands Dans Theater.

**Newsletter**

Yes, I would like to receive the digital newsletter of Nederlands Dans Theater.

**Signature on behalf of the donor(s)**

Signature donor	Signature partner
Place _____	Date __/__/__

**Signature on behalf of Stichting Nederlands Dans Theater**

W.J. Maas, business director	
The Hague	Date __/__/__

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First names (in full) \_\_\_\_\_

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Street \_\_\_\_\_                      Number \_\_\_\_\_                      Addition \_\_\_\_\_

Postal code \_\_\_\_\_                      Place \_\_\_\_\_

Telephone \_\_\_\_\_                      E-mail \_\_\_\_\_

**Details partner**

- married to                       registered partner of                       not applicable

Last name \_\_\_\_\_

First names (in full) \_\_\_\_\_

BSN (citizen service number) \_\_\_\_\_

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W.J. Maas, business director	
The Hague	Date __/__/____

Please send both forms, filled in and signed, to:

Nederlands Dans Theater  
Attention Ms. T. Hoetjer  
Postbus 333  
2501 CH The Hague

You will receive your own copy as soon as possible.