



Periodic gift agreement

1 Basic details	
Name of the donor	☐ M / ☐ F / ☐ X
Name of the beneficiary	iMPACT direct Foundation
Fixed annual amount in euros	€
Fixed annual amount in words	

2 Term	
A condition for tax deductibility is that the donation must run for at least five consecutive years. After that, you may terminate the agreement at any time. This agreement may end earlier in the event of the donor's death, loss of employment, incapacity for work or the expiry of the beneficiary's ANBI status. In the year you choose as the starting year, the first payment of the full annual amount must be made. Payments made before the date on which this agreement is signed by both the donor and the beneficiary cannot be taken into account under this agreement.	
Duration of the donation	☐ 5 years/ ☐ years (minimum 5 years)/ ☐ indefinite
Effective date of the gift	

3 Donor's personal details	
Donor's surname	
Full first names	
National identity number	
Date and place of birth (country)	
Street and house number	
Postcode and town	
Country (if not the Netherlands)	
Telephone number(s)	
Email address	
Partner	☐ Yes (go to 5) / ☐ No (go to 6)

4 Beneficiary details (to be completed by the iMPACT direct Foundation)	
Beneficiary's name	iMPACT direct Foundation
Street and house number	Postkantoorstraat 3
Postcode and town	6551 BG WEURT
Country Transaction	Netherlands
number	
Tax (RSIN) number	861328991

5 Personal details of the donor's spouse/registered partner	
Surname	
Full first names	
National ID number	



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Date and place of birth (country)			
6 Payment details			
☐ I will transfer the amount myself annually to: IBAN NL13 ABNA 0105 5215 82 in the name of Stichting iMPACT direct quoting the transaction number (see point 4)			
☐ Recurring SEPA direct debit		I pay by direct debit and hereby authorise:	
Beneficiary's name		Stichting iMPACT direct	
to collect a fixed annual amount in euros	€	In words:	
with effect from	Date:		
to be debited from my account	IBAN		
in equal instalments on	☐ Month	☐ Quarterly	☐ Half-yearly ☐ Year
To be completed by the payee (Collector ID)			
To be completed by the payee (Authorisation reference)			
By signing this authorisation, you authorise the payee to send standing direct debit instructions to your bank to debit an amount from your account, and you authorise your bank to debit an amount from your account in accordance with the instructions set out in this agreement. If you do not agree with a debit, you can have it reversed. To do so, please contact your bank within eight weeks of the debit. Ask your bank for the terms and conditions.			
Place:		Date:	
Donor's signature:		Signature of partner (if applicable):	

7 Signed (onbehalfof) the iMPACT direct Foundation	
Name	
Position	
Place:	Date:
Signature on behalf of the beneficiary:	

8 Signature(s) of donor	
Place:	Date:
Donor's signature:	Partner's signature (if applicable):



Please complete, sign and post to:

Stichting iMPACT direct, Postkantoorstraat 3, 6551 BG WEURT

You can also email the form to: info@impactdirect.eu

We will return the original document, bearing the transaction number, to you for your own records. This is required for your tax return.