



Fundación
Un Nuevo
Comienzo

Application Form to Automatic Debit

date

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Last name and nameSex.....

Street Address.....Apartment No.....Dpto.....

location/ country.....Cod. Post.....

E-mail.....

phone other Phone

I hereby apply to me automatically deducted from the credit card specified below, the corresponding amount in my capacity as donor of the Fundación Un Nuevo Comienzo.

I authorize the debit:

U\$S20..... U\$S50..... U\$S100..... other U\$S..... monthly One time

headline

N° Card.....

Document TypeN°Vto.....



Firm.....