



Kinder-Hospiz Sternenbrücke
– Accounts department –
Sandmoorweg 62
22559 Hamburg
Germany

Donation notification

If you would like to notify us that you are planning to make a donation or have already made one and would like to inform us of your contact details or further information, then please fill in this form. Thank you very much.

On _____ (date)

to the account at _____ (bank) I have made

a donation a donation for a specific purpose in the amount of _____ € (amount) to
the Kinder-Hospiz Sternenbrücke Foundation
the friends' association of Kinder-Hospiz Sternenbrücke e. V.

I would like a donation receipt I do not need a donation receipt

Contact details

Company (for business donation only)

First name

Name

Street, house number

Post code, place

Country

Telephone number (optional)

Fax number (optional)

Email address (optional)

Comments

By sending this letter (by post, fax or email) I agree that in the context of me making a donation the necessary data may be collected, used and stored. All personal data are stored for as long as the purpose for their storage still exists or to comply with statutory deadlines. This consent can be revoked at any time. In accordance with applicable legal regulations I have the right to access free of charge and at any time information about my personal data stored, their origin and recipients and the purpose of the data processing and, where applicable, the right to the correction, blocking or deletion of the data. If you have further questions about personal data, you may contact the governing board of the friends' association of Kinder-Hospiz Sternenbrücke e.V. at any time. In the event of a breach of data protection regulations you have the right to file a complaint with the competent supervisory authority. The competent data protection supervisory authority is the state data protection officer in Hamburg.