



Thank you for your interest in helping to empower people with visual impairments, giving them lifelong skills to be independent!

AUTOMATIC DEBIT AUTHORIZATION

If you want to collaborate monthly with the work of the EPGE. please fill your information in readable text. All your information will be registered and handled with absolute reserve, confidentiality and security. More information at info@perrosguiaecuadorianos.org.ec or give us a call (+593) 2902108 or reach us through our mobile number / Whatssap (+593) 0998701812

Date: ____ | ____ | ____
DD MM YY

I, _____
wish to contribute monthly to the work of the **EPGE (Escuela de Perros Guía Ecuatorianos)** and
for this purpose I authorize debit monthly the amount of:

\$5 **\$10** **\$15** **\$20** **Other \$** _____

from my bank account No. _____

from this Bank: **PRODUBANCO** **PICHINCHA** **INTERNACIONAL**
 GUAYAQUIL **BGR**

or from my Credit Card: _____ No. _____

Expiration date: Month: _____ Year: _____

Identity card: _____

Postal address: _____

City: _____ Phone: _____ Mobile: _____

Email: _____

Signature

Send this authorization by attaching a copy of your identity card to EPGE Quito.

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