

Pismo maszynowe: normalna czcionka - duże litery  
Pismo odręczne: duże drukowane litery, każda w osobnej kratce.

PP S.A. nr 519a

Polecenie przelewu / Wpłata gotówkowa

|                                                                                  |  |                                                       |  |  |  |  |  |  |  |  |  |  |  |  |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------------------------------------------------------------------------|--|-------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--------|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| nazwa odbiorcy                                                                   |  | Fundacja Avalon - Bezpośrednia Pomoc Niepełnosprawnym |  |  |  |  |  |  |  |  |  |  |  |  |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| nazwa odbiorcy od.                                                               |  | Michała Kajki 80/82 lok. 1, 04-620 Warszawa           |  |  |  |  |  |  |  |  |  |  |  |  |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| nr rachunku odbiorcy                                                             |  | 6 2 1 6 0 0 1 2 8 6 0 0 0 3 0 0 3 1 8 6 4 2 6 0 0 1   |  |  |  |  |  |  |  |  |  |  |  |  |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                  |  | W P PLN                                               |  |  |  |  |  |  |  |  |  |  |  |  |        | waluta |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                  |  |                                                       |  |  |  |  |  |  |  |  |  |  |  |  |        | kwota  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| nr rachunku zlecniodawcy (polecenie przelewu) / kwota słownie (wpłata gotówkowa) |  |                                                       |  |  |  |  |  |  |  |  |  |  |  |  |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| nazwa zlecniodawcy                                                               |  |                                                       |  |  |  |  |  |  |  |  |  |  |  |  |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| nazwa zlecniodawcy cd.                                                           |  |                                                       |  |  |  |  |  |  |  |  |  |  |  |  |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| tytułem                                                                          |  |                                                       |  |  |  |  |  |  |  |  |  |  |  |  |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mołenda, 8 2 2 1                                                                 |  |                                                       |  |  |  |  |  |  |  |  |  |  |  |  |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| tytułem cd.                                                                      |  |                                                       |  |  |  |  |  |  |  |  |  |  |  |  |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                  |  |                                                       |  |  |  |  |  |  |  |  |  |  |  |  |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| pieczęć, data i podpis(y) zlecniodawcy                                           |  |                                                       |  |  |  |  |  |  |  |  |  |  |  |  | Opłata |        |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                  |  |                                                       |  |  |  |  |  |  |  |  |  |  |  |  |        |        |  |  |  |  |  |  |  |  |  |  |  |  |  |

odcinek dla instytucji przyjmującej zlecenie

|                                         |                                                                                   |  |                                                       |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |                 |  |                                                                                     |  |  |  |  |  |  |  |  |
|-----------------------------------------|-----------------------------------------------------------------------------------|--|-------------------------------------------------------|--|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------|--|-----------------|--|-------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| Polecenie przelewu / Wpłata gotówkowa   | nazwa odbiorcy                                                                    |  | Fundacja Avalon - Bezpośrednia Pomoc Niepełnosprawnym |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |                 |  |                                                                                     |  |  |  |  |  |  |  |  |
|                                         | nazwa odbiorcy cd.                                                                |  | Michała Kajki 80/82 lok. 1, 04-620 Warszawa           |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |                 |  |                                                                                     |  |  |  |  |  |  |  |  |
|                                         | nr rachunku odbiorcy                                                              |  | 62160012860003003186426001                            |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |                 |  |                                                                                     |  |  |  |  |  |  |  |  |
|                                         |                                                                                   |  | waluta                                                |  | kwota |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |                 |  |                                                                                     |  |  |  |  |  |  |  |  |
|                                         |                                                                                   |  | W P                                                   |  | PLN   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |                 |  |                                                                                     |  |  |  |  |  |  |  |  |
|                                         | nr rachunku zleceniodawcy (polecenie przelewu) / kwota słownie (wpłata gotówkowa) |  |                                                       |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |                 |  |                                                                                     |  |  |  |  |  |  |  |  |
|                                         |                                                                                   |  |                                                       |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |                 |  |                                                                                     |  |  |  |  |  |  |  |  |
|                                         | nazwa zleceniodawcy                                                               |  |                                                       |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |                 |  |                                                                                     |  |  |  |  |  |  |  |  |
|                                         |                                                                                   |  |                                                       |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |                 |  |                                                                                     |  |  |  |  |  |  |  |  |
|                                         | nazwa zleceniodawcy cd.                                                           |  |                                                       |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |                 |  |                                                                                     |  |  |  |  |  |  |  |  |
|                                         |                                                                                   |  |                                                       |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |                 |  |                                                                                     |  |  |  |  |  |  |  |  |
| tytułem                                 |                                                                                   |  |                                                       |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |                 |  |                                                                                     |  |  |  |  |  |  |  |  |
| M o l e n d a , 8 2 2 1                 |                                                                                   |  |                                                       |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |                 |  |                                                                                     |  |  |  |  |  |  |  |  |
| tytułem cd.                             |                                                                                   |  |                                                       |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |                 |  |                                                                                     |  |  |  |  |  |  |  |  |
|                                         |                                                                                   |  |                                                       |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |                 |  |                                                                                     |  |  |  |  |  |  |  |  |
|                                         |                                                                                   |  |                                                       |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |                 |  |                                                                                     |  |  |  |  |  |  |  |  |
| pieczęć, data i podpis(y) zleceniodawcy |                                                                                   |  |                                                       |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Opłata |  | [ ][ ]   [ ][ ] |  |  |  |  |  |  |  |  |  |  |
| odcinek dla zleceniodawcy               |                                                                                   |  |                                                       |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |        |  |                 |  |                                                                                     |  |  |  |  |  |  |  |  |