

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                                                                          |  |                                                       |  |     |  |        |  |       |  |  |  |  |  |  |                                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| M a k o w s k i , 4 3 7 3                                                        |  |                                                       |  |     |  |        |  |       |  |  |  |  |  |  |                                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| tytułem cd.                                                                      |  |                                                       |  |     |  |        |  |       |  |  |  |  |  |  |                                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                  |  |                                                       |  |     |  |        |  |       |  |  |  |  |  |  |                                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| pieczęć, data i podpis(y) zlecniodawcy                                           |  |                                                       |  |     |  |        |  |       |  |  |  |  |  |  | Opłata                                                                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                  |  |                                                       |  |     |  |        |  |       |  |  |  |  |  |  | <table><tr><td></td><td></td><td></td><td></td></tr></table>                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                  |  |                                                       |  |     |  |        |  |       |  |  |  |  |  |  |                                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                  |  |                                                       |  |     |  |        |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

odcinek dla instytucji przyjmującej zlecenie

Fundacja Avalon - Bezpośrednia Pomoc Niepełnosprawnym

Michała Kajki 80/82 lok. 1, 04-620 Warszawa

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 P L N

[illegible]

| Country        | Very bad | Bad | Good | Very good |
|----------------|----------|-----|------|-----------|
| United States  | 40       | 40  | 15   | 5         |
| United Kingdom | 38       | 40  | 15   | 7         |
| France         | 35       | 35  | 20   | 10        |
| Germany        | 32       | 35  | 25   | 8         |
| Italy          | 30       | 35  | 25   | 10        |
| Spain          | 28       | 35  | 25   | 12        |
| China          | 15       | 15  | 55   | 15        |
| India          | 12       | 23  | 55   | 10        |
| Japan          | 10       | 20  | 50   | 20        |
| South Korea    | 8        | 18  | 45   | 29        |
| Indonesia      | 5        | 15  | 40   | 40        |
| Brazil         | 3        | 12  | 35   | 50        |
| South Africa   | 2        | 10  | 30   | 58        |

[illegible][illegible]

M a k o w s k i , 4 3 7 3

[illegible]

pieczęć, data i podpis(y) zleceniodawcy

**Oplata**



## Polecenie przelewu / Wpłata gotówkowa

## Podciinek dla zleceniodawcy