



## MY CONSENT FOR THE CHURCH FEE

I hereby give my consent to the Swedish tax authorities to take 1% of my taxable earnings to be paid as my church fee to Equmeniakyrkan from the coming calendar year and beyond.

| ☐ I would like my church fee to be connected to the specified church stated below  |  |
|--|--|
| <ul> <li>I would like the senior pastor of the specified church below to be notified with<br/>regard to my consent of the church fee.</li> </ul> |  |
|  |  |
| CHURCH NAME  |  |
| CHURCH REGION  |  |
| PERSONAL IDENTITY NUMBER   |  |
| NAME   |  |
| ADDRESS  |  |
| POSTAL / ZIP CODE  |  |
| POSTAL ADDRESS   |  |
| TELEPHONE NUMBER   |  |
| EMAIL ADDRESS  |  |
| DATE   |  |
| SIGNATURE  |  |

The information that I have given will be processed electronically by Equmeniakyrkan. By stating my email address, I give my consent to receive mail from Equmeniakyrkan.

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|    |  |
|    | HURCH NAME   |
| Cŀ | HURCH REGION   |
| PE | RSONAL IDENTITY NUMBER   |
| N. | ME   |
|    | DDRESS   |
| PC | OSTAL / ZIP CODE   |
| PC | OSTAL ADDRESS  |
| TE | LEPHONE NUMBER   |
| ΕN | MAIL ADDRESS   |
| DA | ATE  |
| SI | GNATURE  |

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