



Dublin City University Educational Trust

DONATION FORM

Personal Details

Title Mr Mrs Miss Ms Dr

Tel (Home) _____

Firstname _____

(Work) _____

Surname _____

Mobile No. _____

Contact Address Home Work

e-mail _____

Employer _____

Job Title _____

Year of Graduation _____

Qualification _____

Your details are held under the provisions of the Data Protection Act of 1998 and are strictly confidential.

Yes, I would like to make a gift to DCU in the amount of €£/\$ (please tick)

25 50 100 250* 500* Other _____

*Contributions of €250 or more result in tax back to DCU and make your gift go further.

I would like my donation to go towards:

Where DCU's need is greatest through the DCU Annual Fund

My own choice, I would like my donation to go towards: _____

Cheque Payment

I enclose a cheque made payable to "DCU Educational Trust" for _____

Credit Card

Please debit my Visa Mastercard American Express

For the amount of _____

Card Number _____

Expiry Date ____/____

Name on card _____

Standing Order

Yes, I would like to make a regular gift to DCU. *As little as €10 a month can go a long way towards helping our students prepare for the future.*

Please pay the DCU Educational Trust (account number 43213005 sort code 93-22-21) the sum of _____ on the same day of every

Month Quarter Year

From ____/____/____

Until further notice, and debit my account accordingly.

Sort Code ____ - ____ - ____

Branch Address _____

Account number _____

Signed _____ Date ____/____/____

I would prefer the following name to be used for gift acknowledgment: _____

I would prefer my gift to be anonymous.

I do **NOT** wish to be contacted again regarding the DCU Annual Fund.