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Title First Name Surname

Address

Position Company

Tel Mobile Email

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OPTION 1: ONCE-OFF GIFT

I would like to make a gift of ** €100 €250 €500 €1,000 €2,500 €5,000 €10,000

Other €

Master Card Laser Visa Visa Debit Cheque/Postal Order/Bank Draft enclosed

(Please make cheques payable to DCU Educational Trust)

Card Number

(Last 3 boxes for laser cards)

Expiry Date

Name on card _____

Signature _____

Date _____

OPTION 2: REGULAR GIFT

I would like to make a monthly gift of ** €100 €250 €500 €1,000 €2,500 €5,000 €10,000

Other € and donate on the 1st or the 15th of each month (please tick)

I would like to make my regular gift by:

SEPA Direct Debit (Please complete the SEPA Direct Debit Mandate form overleaf)

MAKE YOUR GIFT GO FURTHER - AT NO EXTRA COST TO YOU

** If you donate more than €250 per annum and are an Irish taxpayer, your donation could be worth extra to DCU at no expense to you.

Please tick the box if you are not an Irish taxpayer

OPTION 3: PLAY YOUR PART IN OUR FUTURE

Leaving a legacy to DCU is a simple but effective way of supporting the University. To show our appreciation, if you wish, we would be happy to discuss ways for you to enjoy a very special association with DCU during your lifetime. DCU appreciates that leaving a gift in your will is a very important decision. We recommend you seek professional advice from a solicitor to guide you through this process.

Please send me more information about leaving a legacy to DCU (Tick box)

For further information about legacies, please contact:
Claire Whelehan, on +353 1 700 5467 or email claire.whelehan@dcu.ie.

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By signing this mandate form, you authorise (a) DCU to send instructions to your bank to debit your account and (b) your bank to debit your account in accordance with the instruction from DCU. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

Please complete all of the fields below marked *

First Name Surname
Address

Creditor Name: **DCU Educational Trust**
Creditor Address: **Albert College, DCU, Glasnevin, Dublin 9, Ireland.**
Payment Type: **Recurrent**

*International Bank Account No. (IBAN)
*(your bank account number quoted in international format – details can be found on your bank statements.
If you cannot find your IBAN number please enter your Bank Account Number below)*

*Bank Identifier Code (BIC)
(your details can be found on your bank statements. If you cannot find your BIC number please enter your bank sort code below)

*Bank Account No.

*Bank Sort Code
(details can be found on your bank statements)

*Your Signature(s)

*Date of Signing

Please return this mandate to DCU Educational Trust and NOT your bank

DUBLIN CITY UNIVERSITY EDUCATIONAL TRUST
Albert College, DCU, Glasnevin, Dublin 9, Ireland.
Telephone: +353 1 700 5467
www.dcu.ie/trust