## **DONATION FORM**





Ref:

(Please up	date your contact detail	ils)		
Title	First Name	Surname		
Address	· · · · · · · · · · · · · · · · · · ·			
Position		Company		
Tel		Mobile Email		
Option	n 1: Once-Off	$^{\circ}$ Gift		
_	ke to make a gift of *			
Other €_				
Master Ca	ard Laser Vis			
		(Please make cheques payable to UCD Foundation)		
Card Number	er			
Expiry Date			ast 3 boxes for laser cards)	
Name on ca	rd			
Signature _		Date		
Option	n <b>2 :</b> Regular C	Gift		
I would like to make a monthly gift of ** ☐ ☐ ☐ ☐ ☐ Other €				
and donat	te on the 1st or	the 15th or each month <i>(please tick)</i>		
I would li	ke to make my regu	ılar gift by:		
	•	complete the SEPA Direct Debit Mandate form overleaf)		
-	onate more than €250	her - at no extra cost to you  0 per annum and are an Irish taxpayer, your donation could be worth an extra 44.93%		
Please tick	the box if you are not	an Irish taxpayer.		
Option	n <b>3 :</b> Play your	r part in our future		
create wa	ays for you to enjoy a	g a legacy to UCD, we would gladly welcome the opportunity to thank you and, a very special association with UCD in your lifetime. UCD Foundation apprecial port decision and we always recommend you seek professional advice from a se	tes that leaving	
Please send me more information about leaving a legacy to UCD [ (Tick box)				
For further information about legacies, please contact: Nicole Black, Director of Annual Giving, UCD Foundation T: + 353 1 716 1474 E: nicole.black@ucdfoundation.ie				
	Please re	eturn the completed form(s) in the enclosed freepost envelope		

## SEPA Direct Debit Mandate



## Ref:

Creditor Identifier: IE93ZZZ305654

Unique Mandate Reference: will be provided in the confirmation letter detailing your direct debit donation

By signing this mandate form, you authorise (a) UCD Foundation to send instructions to your bank to debit your account and (b) your bank to debit your account in accordance with the instruction from UCD Foundation. 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 *				
*Your Name:				
*Your Address				
Creditor Name:	University College Dublin Foundation Limited (UCD Foundation)			
Creditor Address:	Room 102, Tierney Building, Belfield, Dublin 4, Ireland			
Payment Type:	Recurrent			
*International Bank Account No. (IBAN)				
(your bank account number quoted in inte IBAN number please enter your Bank Acco	ernational format – details can be found on your bank statements. If you cannot find your ount 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 statem	ents)			
*Your Signature(s)				
*Date of Signing				

Please return this mandate to UCD Foundation and **NOT** your bank