



The Office of Development and Alumni Affairs
John Cabot University
Via della Lungara 233
00165 Rome, Italy

John Cabot University

Date: _____ (Please PRINT all information clearly)
Enclosed is my check in the amount of _____ payable to John Cabot University.
My name: _____
Address: _____ Home Phone: (_____) _____
City/State, /ZIP/Country: _____

(Receipt will be sent to the address above.)
Email Address _____

Please direct my gift to:

- JCU Annual Fund
- Library Fund
- Facilities
- Scholarships
 - JCU Presidential Scholarships
 - Dean’s List Scholarships Fund
 - Assistance Grant Fund
 - Italian Merit Scholarships

I would like my gift to be anonymous

I would like to be part of the Annual Giving Program at JCU.

I pledge a total of _____.
My first annual payment of _____ is enclosed.

.....
I wish my Gift to be in honor of:

(name of individual)

Send acknowledgement card to:

Name: _____

Address: _____

City/State/ZIP/Country: _____

We thank you for your support.

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