



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.

The Office of Development and Alumni Affairs
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