

Periodic Gift Agreement

1 Statement of gift

The benefactor (*name*)

states to donate to

a gift in equal and steady periodic payments of (*amount in numbers*) €

(*amount in words*) EUROS

annually, for the duration of 5 years or more, ending at the latest with:

the passing of the benefactor

the passing of someone other than the benefactor.

If the gift ends with the passing of someone other than the benefactor please insert the name of that person here:

2 Duration of gift

2a Duration of gift years years (*minimum of 5 years*) Undetermined

2b Year of first payment transfer

3 Details of benefactor

Surname

First names (*as in passport*)

BSN

Date of birth (dd/mm/yyyy)

Place of birth

Street address

ZIP code and city

Country

Phone number

E-mail address

4 Details of organisation

4a Name of organisation

Stichting Erasmus Trustfonds

4b Transaction number

4c RSIN/fiscal number

8 0 0 4 9 5 2 9 9

5 Agreement signature benefactor

City

Date (dd/mm/yyyy)

Signature benefactor

6 Details and signature for agreement by partner of benefactor (if applicable)

Name

First names (*as in passport*)

Social security number

Date of birth (dd/mm/yyyy)

Place of birth

Country

Agreement signature

City

Date (dd/mm/yyyy)

Signature partner of benefactor

7 Acknowledgement in name of Erasmus Trustfonds (to be completed by Erasmus Trustfonds)

Name

Job title

City

Date (dd/mm/yyyy)

Signature

Supplementary Gift Information Agreement

1 Gift details

My donation is for the RSM Annual Fund and can be used as you think is best

I would like to direct my gift to a specific project or programme:

The RSM Scholarship Fund

Existing named scholarship:

New named scholarship:

The purpose of this gift is to support:

RSM Hummingbird Fund

2 Gift recognition

Your contribution can inspire others. May we share your gift:

	Erasmus Trustfonds	RSM
in publications, like an impact report or newsletter?		
when we talk to potential donors?		
when we are being interviewed by the press?		
on our website or social media?		
on a memorial tablet or similar contribute to your involvement?		
In an announcement on our website or newsletter?		

Please recognize this gift as coming from:

I wish to remain anonymous.

Please **do not** announce the amount of my gift

Please do not announce my gift or use my name in donor related materials

3 Other remarks

4 Donor Information and Signature

Name

Address

Mobile

Email

RSM Program

Graduation year

Signing date

 - -

Signature donor

5 Rotterdam School of Management Signature

Name

Job title

Date

 - -

City: Rotterdam

Signature

5 Erasmus Trustfonds Signature

Name

Job title

Date

 - -

City: Rotterdam

Signature

OPP number: