

## Legacies Donation Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_ Postcode: \_\_\_\_\_

Mobile: \_\_\_\_\_ Landline: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I would like to submit the following as a legacy to BAU:**

\_\_\_\_\_  
\_\_\_\_\_

**In the name of:**

\_\_\_\_\_

Complete the form and print it or send it by email or fax to the Alumni and Career Office at BAU.

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For more information, feel free to contact BAU Alumni and Career Office any time.