



This form should be completed by any organisation wishing to make a donation to the Shibboleth Consortium. Please complete the form and return it to the Consortium Operator by post or email to the following address, marked for the attention of the person stipulated: contact@shibboleth.net for the attention of Justin Knight, Consortium Manager. We will then be in touch with a reference number and account details for payment.

Please do not fill in this form if you wish to become a member of the Shibboleth Consortium. See separate documentation in relation to membership.

Donor Information

| | |
|---|--|
| Organisation name (please include registered company name, number and place of incorporation): | |
| Street address: | |
| Town / City: | |
| State / Province (if applicable): | |
| Postal Code / ZIP: | |
| Country: | |
| Donation amount: | |

Consortium Acknowledgements

- The Shibboleth Consortium thanks you in advance for your donation. It is acknowledged that the donation amount specified on this form is a one-off, voluntary payment by way of donation to the Shibboleth Consortium, with no on-going payments required.
- The Shibboleth Consortium confirms that your donation will be used for the purposes of the Shibboleth Consortium only, and that the activities and finances of the Shibboleth Consortium are managed by the Consortium Operator on behalf of the Consortium in accordance with the Shibboleth Consortium Charter and Regulations, and resolutions of the Consortium Board.

Donor Agreement

On behalf of the organisation specified above ("Organisation"), I confirm that:

- the Organisation wishes to donate the amount specified on this form to the Shibboleth Consortium. We confirm that this is a voluntary donation and understand that it will not entitle the Organisation to membership of the Consortium or other benefits.
- unless we notify you in writing otherwise, the Shibboleth Consortium is hereby authorised to acknowledge this donation through the use of the Organisation's name in publicity materials and on the Consortium website, and to include the amount of the donation, in each case at its discretion.
- I will be the Organisation's nominated representative for the purposes of this donation and may be contacted by the Consortium in relation to payment, with any queries or with further



information. The Consortium may store the contact details below for the purpose of keeping in touch in relation to the Shibboleth Consortium.

Signed for and on behalf of the Organisation by its duly authorised officer:

| | |
|---------------|--|
| Name: | |
| Title: | |
| Email: | |

| | |
|-----------------------------|--|
| Signature(s): | |
| Date & Location: | |