



MCKS Charity Ireland

Application for Donation



Name of Charitable Organisation	
Registered Charity Number (RCN)	
Established (Year)	
Charitable Purpose	
Area of Operations (County)	

Contact Details	
Name	
Full Postal Address	
Eircode	
Telephone	
Email	

Financial Information (Previous Years Accounts)		
Annual Income	€	
Administration Costs	€	
Direct Charitable Activities	€	
*Please accompany this application form with your charity bank account details on headed paper		

Anticipated Utilisation On [Please provide a detailed costing of the project(s)]



MCKS Charity Ireland

Application for Donation



Data Privacy & Publicity

MCKS Charity Ireland is a registered charity who will use your personal data to contact you about your charity. The data captured on this form will help us fairly assess if we can support you with any donations or funding. Data is uploaded to our database and retained for our legitimate interests and for no longer than 7 years. You can notify us at any time if you wish us to delete your data.

For full details of how we use and process our data please refer to our Data Privacy Policy [this can be requested by e-mailing info@mckscharity.ie].

For our joint publicity we like to promote your charity and the funding we provide but need your consent to process this data and the methods of communication listed below:

Once details have been shared on social media they will be in the public domain. Therefore, we cannot delete these details once they have been shared.

We would include your contact details, logo and photos in our promotional material and publicity.

If you do not wish or are not comfortable with us using your data for the following purposes, please indicate NO

Cheque Presentation Photoshoot	YES ☐	NO ☐
Charity Newsletter	YES ☐	NO ☐
Social Media (Twitter, Facebook, Instagram)	YES ☐	NO ☐
Include Link in Charity Website	YES ☐	NO ☐
Mainstream Press Release	YES ☐	NO ☐

Details, if any, of how Pranic Healing could support your charity



MCKS Charity Ireland

Application for Donation



Additional Remarks

Application Completed by:

Name

Signature

Date

Total Amount of Funds Applied For

€

Percentage for Overheads & Admin

%

Please note that payments will be made electronically. A receipt will also be required on your letter head.

Internal Use Only

Reviewed by

Date

Report on Proposal