



St Hugh's College
St Margaret's Road
Oxford OX2 6LE

Donation Form: Gifts from the US



Surname: _____ First name(s): _____

Title: _____ Matriculation: _____ Maiden/former name(s): _____

Telephone number: _____ Email: _____

Address: _____

_____ ZIP code: _____

I would like my gift to support (please tick):

- | | | | |
|---|--------------------------|---|--------------------------|
| The area of greatest need | <input type="checkbox"/> | Luke-Lunn Mathematical Teaching Endowment | <input type="checkbox"/> |
| Student Support for Undergraduates | <input type="checkbox"/> | Jennifer Green Chemistry Endowment | <input type="checkbox"/> |
| Student Support for Graduates | <input type="checkbox"/> | Ann Smart Law Fellowship Endowment | <input type="checkbox"/> |
| Refurbishment of Buildings | <input type="checkbox"/> | Gardens | <input type="checkbox"/> |
| The Lindsay Sisters Career Development Fellowship in Philosophy | <input type="checkbox"/> | | |

What has made you choose to donate? _____

I would like my donation to remain anonymous.

I would like to receive information about leaving a donation to St Hugh's in my will.

Regular gift - Credit/Debit Card

I wish to make a regular gift to St Hugh's College of US\$_____ each month/quarter/year (*delete as appropriate*) starting on the ____ (day) of _____ (month) _____ (year).

Please debit my: Visa Maestro MasterCard

Card number: Security code:

Expiry date: / Issue date: / Issue number:

Signature: _____ Date: ____/____/____

Single gift - check

I enclose a check for US\$_____. Please make checks payable to 'Americans for Oxford, Inc.'

Signature: _____ Date: ____/____/____

Single gift - Credit/Debit Card

I wish to make a single gift of gift of US\$_____ .

Please debit my: Visa Maestro MasterCard

Card number: Security code:

Expiry date: / Issue date: / Issue number:

Signature: _____ Date: ____/____/____

Returning your donation form:

Chairman, Americans for Oxford, Inc., 500 Fifth Avenue, 32nd Floor, New York, NY 10110