



UNIVERSITY OF OXFORD

**Gift Form for US residents
supporting Sophia Oxford**

I am pleased to support Oxford University by contributing: \$ _____.

It is my preference that all of these funds be allocated to Sophia Oxford.

I would like to make a pledge of \$ _____ to be paid over _____ month(s), year(s).

Make checks payable to Americans for Oxford, Inc.

Please charge my (circle one):

- American Express Discover
- MasterCard Visa

Card number: _____

Expiration date: _____

Name on Card: _____

Billing Zip Code: _____

Signature: _____

___ I prefer to make this donation anonymously.

___ My company will match my gift.
The appropriate form is enclosed.

___ I would like information on how to include The University of Oxford in my will.

Your information:

Name: _____

If applicable:

College: _____

Year: _____

Residential information:

Address: _____

City: _____

State: _____ Zip Code: _____

Contact information:

Home: _____

Work: _____

Email: _____

Please send this form to:

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

*If you require any further information please contact the Oxford North American Office:
Tel: (212) 377-4900
Fax: (212) 889-4052
Email: gifts@oxfordna.org
Web: www.oxfordna.org*

Thank you for your interest in supporting the University of Oxford.