



## GIVING TO AUB

Thank you for making a gift to AUB.

This form will allow you to make your gift using your Visa, MasterCard, or American Express credit card. You may also send a check by mail to the addresses below, or contact us by phone in Beirut at +961-1-340176 and in New York at (212) 583-7600.

### Beirut Address

American University of Beirut  
PO Box 11-0236  
Riad El-Solh, Beirut 1107 2020  
Lebanon

### New York Address

American University of Beirut  
3 Dag Hammarskjold Plaza, 8th Floor  
New York, NY 10017-2303  
USA

## Donor Information

I am an AUB Alumna/us  Parent  Faculty/Staff  Student  Friend

If Alumna/us please provide your:

Class/ year \_\_\_\_\_

Faculty/School FAFS  FAS  FEA  FHS  FM  HSON  OSB

Name\* Ms./Mr. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle (Father's name)

Name at Graduation \_\_\_\_\_ Nationality \_\_\_\_\_

Home Address\* \_\_\_\_\_  
Building/Floor

Street \_\_\_\_\_ / \_\_\_\_\_  
Nearby

PO Box \_\_\_\_\_ / City\* \_\_\_\_\_ / Country\* \_\_\_\_\_ / Zip Code\* \_\_\_\_\_

Business Address \_\_\_\_\_  
Employer \_\_\_\_\_ / Title \_\_\_\_\_

Building/Floor

Street \_\_\_\_\_ / \_\_\_\_\_  
Nearby

PO Box \_\_\_\_\_ / City \_\_\_\_\_ / Country \_\_\_\_\_ / Zip Code \_\_\_\_\_

Phone Number\* \_\_\_\_\_ Email \_\_\_\_\_

\* please complete this field for our records

My preferred address is: Home address  Business address

## Gift Payment Information

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Gift Amount (\$) \_\_\_\_\_

I would like to designate my gift to:

Wherever the need is greatest  Student Financial Aid  AUB Medical Center  AUB Libraries  Brave Heart Fund

FEA Class of 1964 Naming Opportunity  FAFS  FAS  FEA  FHS  FM  OSB  IBSAR

Roads For Life - The Talal Kassem Fund  Other, specify \_\_\_\_\_

Gifts to the AUB Alumni Fund, Parents Fund, Friends Fund, or Faculty and Staff Fund, of \$1000 or more within the fiscal year (July 1-June 30) qualify for membership to the Daniel Bliss Society}. To learn more about the benefits of joining the Daniel Bliss Society at AUB please visit [www.aub.edu.lb/development/annual\\_fund/Pages/the\\_daniel\\_bliss\\_society.aspx](http://www.aub.edu.lb/development/annual_fund/Pages/the_daniel_bliss_society.aspx)

Please list my gift as anonymous in the annual AUB Contributors Report.

## Credit Card Information

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Amount Charged (\$) \_\_\_\_\_

Credit Card Type: American Express  MasterCard  Visa  Discover

Name as it appears on credit card \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Month \_\_\_\_\_

Expiration Year \_\_\_\_\_

## Tribute Gift Information

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If you are dedicating your gift and would like us to inform someone of your tribute, please provide the name and address below. To inform more than one person of your gift, please email us at [onlinegiving@aub.edu.lb](mailto:onlinegiving@aub.edu.lb).

The gift is: in honor of  in memory of  \_\_\_\_\_

Please inform this individual about my gift. (AUB will not disclose the amount of the gift).

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Building/Floor

Street

Nearby

PO Box

City

Country

Zip Code

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

## Matching Gift Information

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The gift will be matched by \_\_\_\_\_

A matching gift from your employer may double or even triple your gift to American University of Beirut. To transact a matching gift, please obtain a matching gift form from your employer's Human Resources Department. Not sure if your company matches gifts? Visit [www.matchinggifts.com/aub/](http://www.matchinggifts.com/aub/)

## Other Information

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Do you have a child who is an AUB student or graduate?

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Year \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Year \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Year \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Year \_\_\_\_\_