



GIVING TO AUB

Thank you for making a gift to AUB.

This form will allow you to make your gift using your American Express, Master Card, or Visa. You may also send a check by mail to the addresses below, or contact us by phone in Beirut at +961-1-759656 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
The Debs Center
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 FHS FM MSFEA HSON OSB

Name* _____ / _____ / _____
First Name Middle Name Last 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

Gift Amount (\$) _____

I would like to designate my gift to:

FAFS FAS FHS FM MSFEA HSON OSB

Wherever the need is greatest

Student Financial Aid

AUB Medical Center

Other, specify _____

Gifts to the AUB Alumni Fund, Parent Fund, Friends Fund, or Faculty and Staff Fund, of \$1,000 or more within the fiscal year (July 1-June 30) qualify for membership of the Daniel Bliss Society. To learn more about the benefits of joining the Daniel Bliss Society at AUB please visit www.aub.edu.lb/advancement/Development/Pages/DanielBlissSociety.aspx

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

Credit Card Information

Amount Charged (\$) _____

Credit Card Type: American Express MasterCard Visa

Name as it appears on credit card _____

First Name _____

Middle Name _____

Last Name _____

Credit Card Number _____

Expiration Month _____

Expiration Year _____

Tribute Gift Information

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.

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

the gift will be matched by _____

A matching gift from your employer may double or even triple your gift to the 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/

Other Information

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 _____