



**OXFORD CENTRE FOR
HEBREW AND JEWISH STUDIES**

GIFT FORM FOR UK RESIDENTS

The Oxford Centre for Hebrew and Jewish Studies is a company limited by guarantee, incorporated in England, registered No. 1109384. Registered Charity No. 309720 www.ochjs.ac.uk **01865 610422**

I would like to contribute the amount indicated below in order to support the work of the Centre.

Founder: £50,000 and above Patron: £10,000 - £49,999 Benefactor: £1,000 - £9,999 Friend: £50 - £999	Donors are acknowledged in the Centre's Annual Report. Please indicate how you wish your name to be listed: Please tick the box if you wish your donation to be anonymous <input type="checkbox"/>
--	--

Please indicate the contribution amount:

Payment Information: (please tick)

- I enclose a cheque/charity voucher made payable to **"Oxford Centre for Hebrew and Jewish Studies"**
- I have paid/will pay by bank transfer on (date) (Please contact the Centre on 01865 610422 or e-mail enquiries@ochjs.ac.uk)
- Please charge my Visa/Mastercard (complete card details below)
- Please Gift Aid my contribution

If you are a UK taxpayer, your signing the following Declaration will currently enable the Centre at no extra cost to you to claim 25p for every £1 of your donation. If you are a higher rate taxpayer, you can claim higher tax relief and benefit too. Please notify our office if you no longer pay sufficient tax and wish to cancel this Declaration or need to notify a change of name or address.

Declaration

I am a UK taxpayer and wish all my donations to the Centre, starting with those in the current tax year, to be treated as Gift Aid donations. I understand that, if I pay less income tax and/or capital gains tax in the current or in any future tax year than the amount of Gift Aid claimed on all my donations in that year, it will be my responsibility to pay the difference.

NAME ADDRESS

.....

TELEPHONE E-MAIL

SIGNATURE

Please get in touch if you have any questions or suggestions:

Debit/credit card details: (details will not be retained on file after processing)

Card no: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Expiry date _ _ / _ _ Security code _ _ _ _

Name on card (capitals) _____ Signature _____

Please post this form to: The President, Oxford Centre for Hebrew and Jewish Studies, Clarendon Institute, Walton Street, Oxford OX1 2HG