

Royal Oak Foundation Donation Form

If you would prefer to make a direct gift to the Great Dixter Charitable Trust, please contact Linda Jones on Tel. +44 (0) 1797 254048 or email: friends@greatdixter.co.uk. Ltd. Co. No. 7181964 - Registered Charity Number 1134948.

Where to send this form:

The Royal Oak Foundation
20 West 44th Street, Suite 606
New York NY 10036-6603
FAX 212-764-7234 Phone (800) 913 6565

I would like to make a gift to The Royal Oak Foundation. I recommend that my gift be used to support:
GREAT DIXTER CHARITABLE TRUST

Your Name: _____

This donation is being made by An Individual A Business

Address to which receipt will be sent:

Company: _____

Address: _____

Address _____

City: _____

State / Province: _____

Zip / Postal Code: _____

Country: _____

In conformity with IRS regulations, ROF cannot accept contributions that are "earmarked" or required to be distributed to a particular organization. Accordingly, all Sponsored Projects contributions will be treated as unrestricted funds, and the Directors have discretion and control over their ultimate disposition. Grants made by The Royal Oak Foundation are made at its sole and independent discretion. This process ensures that gifts made to ROF are tax-deductible and that ROF fulfills its duties and obligations as a U.S. tax-exempt organization under Section 501 (c) (3) of the Code.

I have read and understood the above disclaimer. I confirm that I will receive no goods or services from either The Royal Oak Foundation or the recommended charity in return for my gift.

Signature: _____

*All donations must be accompanied by this signed Gift Form. Please make copies of this form as needed.
Send your donation and signed Gift Form to the address above*

I enclose a check payable to The Royal Oak Foundation in the amount of \$ _____

I enclose details of a wire or stock transfer made to The Royal Oak Foundation
(see website for instructions: www.royal-oak.org).

Charging it? Avoid processing delays by completing all of the information below

FROM BILLING STATEMENT ADDRESS: Street Number: _____ Zip / Postal Code: _____

DAYTIME PHONE NUMBER: _____

Amount: \$ _____

Signature: _____

Please charge: AMEX DISCOVER MASTER VISA

CREDIT CARD NUMBER:

CVC (SECURITY) NUMBER: _____ EXPIRATION (MM/YY): _____ / _____