





Your Details				
Name:			Title:	
Address:				
/tduress.				
Postcode:	Country:			
Telephone:	Email:			
Rhodes Identifiers (If approp	oriate)			
Election Region:				
College:				Election year:
I Am Pleased To Support Th	e Rhodes Scholarships By Con	tributing:		
R 1,000	R 10,000	R 100,000		
R 2,000	R 20,000	R 200,000		
R 5,000	R 50,000	Other R		
I intend to make this contribution annually for a total of: 5 years 3 years			years	
Please indicate your preferred area of support*:	Greatest need	Scholar Suppor	t	Scholar Research
	Scholar Collaboration	Scholar Program	mme	Warden's Discretionary Fund
Payment Method				
· ·	ectronic funds transfer (EFT).			
I wish to make my gift by direct bank deposit.				
Bank account details: Account: The Rhodes Trust in S Bank: Nedbank Account: No 1514274167 Branch	South Africa			
Recognition		, A	A Gift In You	r Will
I would like to be recognised in the Honour Roll of Donors, with my name appearing as:  Please send me information about making a gift in my will and joining the				
			Rhodes So	ociety eady listed Rhodes Trust

Please return this form along with payment by email or post to:

The National Secretary, Rhodes Trust in South Africa, P.O. Box 41468, Craighall 2024, Gauteng, South Africa. <a href="mailto:southernafrica.secretary@rhodestrust.com">southernafrica.secretary@rhodestrust.com</a>

<sup>\*</sup> The Trust will take expressions of preferred area of support as indicative but reserves the right to allocate funds in accordance with identified priorities.