Institute for Learning in Retirement Donation Form

Complete section one for a one time gift. Complete Section two for a monthly gift.

Name

Phone

Street address

Email

City, State, Zip

Are you a Miami Alumnus/Alumnae

☐ Yes (Class Year __________) ☐ No

Publicity Permission

☐ I give permission to have my name listed as a donor in ILR publications.

☐ I wish to remain anonymous as a donor.

One-Time Gift - Section one

Method of Payment

☐ Check (payable to Miami University)

☐ VISA, MasterCard, Discover, American Express

Acct# ________–________–________–________

Exp. date V-code (The 3-digit number found

________/ ________ on the back of your credit card)

Enclosed is my gift for the Institute for Learning in Retirement $ ____________________________

Cardholder name (please print) Authorizing Signature / Date

Monthly Gift Agreement - Section two

I agree to allow Miami University to process monthly contributions (minimum $10) as stipulated below (use purple box below for credit card charges or gray box below for debit card deductions).

Payment by Credit Card

☐ Please charge $__________________ to my account on the ☐ 1st or ☐ 15th of each month, beginning (mo/yr) _____/ _____

and: ☐ continuing indefinitely; or ☐ ending (mo/yr) _____/ _____

☐ VISA, MasterCard, Discover, American Express

Acct# ________–________–________–________

Exp. date V-code (The 3-digit number found

________/ ________ on the back of your credit card)

Cardholder name (please print) Authorizing Signature / Date

Payment by Debit Card Deduction

☐ Please deduct $__________________ from my account each month (on the 10th day), beginning (mo/yr) _____/ _____

and: ☐ continuing indefinitely; or ☐ ending (mo/yr) _____/ _____

☐ I have attached a voided check to this form for accuracy in processing bank information and bank numbers.

Debit Card acct #: _____________________________________________ Exp. Date: _____/ _____ V-code: __________

(debit card contributions will be deducted from your checking account and processed the same as a credit card)

Authorizing Signature Date

Institute for Learning in Retirement Fund 4163-001

Thank you for your support of Miami University’s Institute for Learning in Retirement!

Please mail your completed form to:

Miami University, ILR
106 MacMillan Hall
501 E. Spring Street
Oxford, OH 45056