



# MIAMI UNIVERSITY

## Institute for Learning in Retirement Donation Form

Name	Phone
Street address	Email
City, State, Zip	Are you a Miami Alumnus/Alumna <input type="checkbox"/> Yes (Class Year _____) <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No Does your current/previous employer offer company matching for donations? If yes, please provide company name and contact information.	
<input type="checkbox"/> I give permission to have my name listed as a donor in ILR publications. <input type="checkbox"/> I wish to remain anonymous as a donor.	
<input type="checkbox"/> In memory of: _____ <input type="checkbox"/> In honor of: _____ <input type="checkbox"/> Please send acknowledgement to: _____	

### 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 in the amount of \$ \_\_\_\_\_  Please use my gift for participants requiring financial assistance.

Cardholder name (please print)	Authorizing Signature / Date
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### MONTHLY GIFT AGREEMENT – SECTION TWO

I agree to allow Miami University to process monthly contributions (minimum \$10) as stipulated below.

#### 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
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#### 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
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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  
531 E. Spring Street  
Oxford, OH 45056