

MIAMI UNIVERSITY

MONTHLY GIFT AGREEMENT



MIAMI
FOR LOVE AND HONOR

Name(s): _____

Address: _____

E-mail: _____

Phone: _____

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

Please charge \$ _____ to my account on the: 1st 15th of each month,
beginning (mo/yr) _____ and: continuing indefinitely ending _____

MasterCard account number: _____ Exp. Date: _____

Visa account number: _____ Exp. Date: _____

American Express account number: _____ Exp. Date: _____

Discover account number: _____ Exp. Date: _____

Debit Card account number: _____ Exp. Date: _____

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

Please deduct \$ _____ from my account each month (on the 10th day),
beginning (mo/yr) _____ and: continuing indefinitely ending _____

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

Comments: _____

Signature

Date

Thank you for your support of Miami University!

Please mail your completed form to:

Gift Accounting Office
Murstein Alumni Center
725 E. Chestnut Street
Oxford, OH 45056-2480