MILES COLLEGE DONATION /PLEDGE FORM

In support of Miles College, I/We gift/pledge the sum of:

☐$100 ☐$600 ☐$1,000 ☐$2,500 ☐$5,000 ☐$10,000 ☐other _____

Gift Designation:

- ☐ Annual Fund
- ☐ Annual Scholarships
- ☐ Endowed Scholarships
- ☐ Golf Tournament (August through November only)
- ☐ Miles Ahead Campaign Fund
- ☐ Capital Projects – Health and Wellness Center
- ☐ Capital Project – Student Center
- ☐ Capital Project – International Studies & Public Policy Center
- ☐ Other_____

In Honor/Memory, if any_____

Enclosed is $_____ the remainder to be paid $_____

☐Monthly ☐Quarterly ☐Semi-Annually ☐Annually Beginning Date_____ Ending Date_____

○ I have attached the bank draft form for electronic withdrawal. ○Visa ○MasterCard ○Discover

_____ _____
Credit card number expiration date

○ Please deduct from my pay as a Miles College faculty or staff member.

Name_____ Date_____

Address_____ City_____ ST_____ Zip_____

Title_____ Employer_____

Phone_____ Email_____

Signature _____
(required)

Per IRS regulations, your credit card gift date is the date your credit card account is charged, not the postmarked date on your envelope.

☐ My employer has a Matching Gift Program
☐ Please provide me with information on Charitable trusts, gifts of property or other planned gifts.
☐ Please provide me with information on commemorative naming opportunities.

Please complete and return by mail or fax to:
Miles College
Office of Institutional Planning and Development
P.O. Box 3800
Birmingham, Alabama 35208
Or contact us by phone or email
(205) 929-1444
(205) 929-1453 fax or (205) 929-1494 fax
kbrown@miles.edu