



ANNUAL FUND GIFT FORM

DONOR INFORMATION

Enclosed is my gift of: \$_____ to support the Annual Fund at Miles College.

This is a: One-time gift Recurring Gift. Charge my credit card \$ ____ on the ____ of each month.

Name: _____ Class Year: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

PAYMENT INFORMATION

Check/Money Order enclosed, payable to Miles College

Credit Card Payment: MasterCard Visa American Express Visa Discover

Account Number: _____ Expiration Date: __/__/__

3-4 Digit Code: _____ Name on Card: _____

Signature: _____

My employer will match this gift. A matching form is enclosed or has been forwarded to my employer.

I have included Miles College in my will.

I would like to learn more about supporting Miles through a bequest or some other tax-wise gift plan.

Note: The Miles College fiscal year begins July 1 and ends June 30. Please ensure that your gift is received during that timeframe to ensure that it is included on our annual honor roll of donors.

Thank you for your support!

Return to:

**Miles College
Office of Institutional Planning and Development
5500 Myron Massey Boulevard
Fairfield, AL 35064**



MEMORIAL/TRIBUTE GIFT FORM

GIFT INFORMATION

Yes, I wish to make a memorial or tribute contribution to invest in the future of Miles College.

Gift Amount: \$ _____ One-time gift

Monthly gift (Repeat this gift on the ____ [add date] of each month)

My check is enclosed, payable to Miles College

My gift is in honor of: _____

My gift is memory of: _____

Please send acknowledgement to: _____

PAYMENT METHOD: Visa MasterCard Discover American Express

Credit Card #: _____ Expiration Date: ____/____/____ 3 or 4 Digit Code: _____

BILLING INFORMATION:

Name: _____ Class Year: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

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