



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: _____

Thank you for your support!

Return to:

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