

**MIAMI UNIVERSITY HAMILTON**  
CREDIT CARD GIFT FORM



**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

- I agree to allow Miami University to process my contribution (minimum \$10) as stipulated below.
- Please charge \$ \_\_\_\_\_ to the following credit or debit card:

<b>MasterCard Acct. #</b> _____	<b>Exp. Date:</b> _____
<b>Visa Acct. #</b> _____	<b>Exp. Date:</b> _____
<b>American Express Acct. #</b> _____	<b>Exp. Date:</b> _____
<b>Discover Acct. #</b> _____	<b>Exp. Date:</b> _____
<b>Debit Card Acct. #</b> _____	<b>Exp. Date:</b> _____

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

**Comments:** \_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Thank you for your support of Miami University Hamilton!*

**Please mail your completed form to:**  
James R. Neidhard  
Director of Development  
Miami University Hamilton  
1601 University Boulevard  
Hamilton OH 45011