

**MIAMI UNIVERSITY HAMILTON**  
MONTHLY GIFT AGREEMENT



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

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

Please charge \$ \_\_\_\_\_ to my account on the:  1<sup>st</sup>  15<sup>th</sup> of each month,

Beginning (month/year) \_\_\_\_\_ and:  continuing indefinitely  ending \_\_\_\_\_

**MasterCard Acct. #** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_  
**Visa Acct. #** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_  
**American Express Acct. #** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_  
**Discover Acct. #** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_  
**Debit Card Acct. #** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

(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