

DONATION FORM



DONOR INFORMATION

First Name _____ Last Name _____
Address _____
Phone _____ E-mail _____

DONATION (BY CHECK)

I have enclosed a check, payable to MIHOW, for the following amount.
 \$50 \$100 \$250 \$500 \$1000 Other \$ _____

DONATION (BY CREDIT CARD)

Card No. _____ Exp _____ Visa MC Disc AmEx
Cardholder's Name _____ Amount (one-time only) _____
Cardholder's Signature _____

DONATION (BY BANK DRAFT)

I (we) authorize Vanderbilt and the financial institution named below to electronically charge my (our) account.
Bank Name _____ City/State/Zip _____

I authorize \$ _____ per month/quarter for a total of \$ _____ per year.

checking account savings account

PLEASE ATTACH VOIDED CHECK

Frequency: Monthly - 3rd banking day
 Monthly - 12th banking day
 Quarterly - 12th banking day of January, April, July, and October

Date to begin bank draft: _____ Month _____ Year Designation: The MIHOW Program

It is understood this agreement may be terminated by me (either of us for joint accounts) at any time by written notification to Vanderbilt University. Any such notification to the University shall be effective only with respect to entries initiated by the University after receipt of such notification and a reasonable opportunity to act on it.

AUTHORIZING PARTY (please print)	SIGNATURE	DATE
AUTHORIZING PARTY (for joint accounts-please print)	SIGNATURE	DATE

Please mail your completed form along with your donation (or voided check) to:

The MIHOW Program
Gift Processing
Vanderbilt University
PMB 407727
2301 Vanderbilt Place
Nashville, TN 37240-7727