DONATION FORM

GROWING STRONG MIHOW®
Maternal Infant Health Outreach Worker

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 _____

Cardholder's Signature_____

DONATION (BY BANK DRAFT)

I authorize Vanderbilt and the financial institution named below to electronically charge my account.

Bank Name _____ City/State/Zip _____

❑ checking account ❑ savings account Frequency: ❑ Monthly ❑ Quarterly (Jan, Apr, May, July & Oct)

Day of Month: ❑ 3rd banking day ❑ 12th banking day **PLEASE ATTACH VOIDED CHECK**

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

Date plan to commence: _____ Month _____ Year Designation_____

It is understood this agreement may be terminated by me (either of us) 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

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

The MIHOW Program
Gift Processing
Vanderbilt University
Station B # 357727
2301 Vanderbilt Place
Nashville, TN 37235-7727

M0374 4081109702