



5772 GIVING FORM

Phone: 305-576-4030 Ext. 128
www.caje-miami.org

YES, I WOULD LIKE TO SUPPORT MELTON

Salutation: _____

Work Phone: _____

First Name: _____

Cell Phone: _____

Last Name: _____

Email: _____

Address: _____ Apt: _____

City, State, Zip: _____

PLACE A CHECK NEXT TO YOUR DESIRED GIVING LEVEL AND GIFT DURATION

	<i>Single Year Gift</i>	<i>Multi-Year: Five Year Gift</i>
AMBASSADOR \$10,000	<input type="checkbox"/>	<input type="checkbox"/> Faculty Chair
PATRON \$5,000	<input type="checkbox"/>	<input type="checkbox"/> Core Course
GUARDIAN II \$3,600	<input type="checkbox"/> One Year of Grad. Class	<input type="checkbox"/> Five Years of Grad. Classes
GUARDIAN I \$2,500	<input type="checkbox"/> Special Opportunities	<input type="checkbox"/> Special Opportunities
STAR II \$1,800	<input type="checkbox"/> Semester of Grad. Class	<input type="checkbox"/> Five Semesters of Grad. Classes
STAR I \$1,000	<input type="checkbox"/> Scholarships	<input type="checkbox"/> Scholarships
PILLAR \$500	<input type="checkbox"/>	<input type="checkbox"/> Naming Melton Campus
SUPPORTER \$250	<input type="checkbox"/>	<input type="checkbox"/> Naming Melton Campus
FRIEND \$100	<input type="checkbox"/>	<input type="checkbox"/>

MY GIFT IS IN HONOR OF: _____

HOW TO PAY

Pay by Credit Card: MasterCard Visa Discover

THREE WAYS:

Amount to Charge \$ _____

1) Credit Card

Name on Card: _____

Exp. Date: _____

2) TO PAY ONLINE:

Card Number: _____

Sec. Code: _____

www.caje-miami.org

DONATE NOW

3) Checks payable to: CAJE

Signature: _____

4200 Biscayne Blvd.,

How should your name appear in recognition materials?

Miami, FL 33137-3210

Please remit payment of annual gift by June 15th. _____

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. Reg. No. CH158