

# Costa N. Miller Scholarship Fund Contribution Form

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

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

Contribution for Costa N. Miller Scholarship Fund \$ \_\_\_\_\_

- Please invoice our agency.
- Enclosed is our check made payable to:

Ability Indiana, Inc.  
C/O Costa N. Miller Scholarship Fund  
615 N. Alabama St., Ste. 410  
Indianapolis, IN 46204

Submit the Contribution Form to Kim Wasiak at [kwasiak@inarf.org](mailto:kwasiak@inarf.org).

If you have any questions, please contact Barb Young at [barb@inarf.org](mailto:barb@inarf.org).



615 N. Alabama St., Ste. 410  
Indianapolis, IN 46204  
(t) 317-634-4957 / (f) 317-634-3221