

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 Lori Osting at lori@inarf.org.

If you have any questions, please contact Barb Young at barb@inarf.org.



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