



University of Missouri Health System

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### I Would Like My Gift to Benefit:

The Rural Track Pipeline Program Gift Fund **(300762)**  
 The Rural Track Program Scholarship Fund **(300802)**

I am making this gift in honor of (optional): \_\_\_\_\_

### Type of Donation

**Single contribution**

I/we wish to make an outright gift of \$\_\_\_\_\_ payable to the "University of Missouri" (check enclosed).  
Please charge this gift of \$\_\_\_\_\_ to my/our credit card.

**Recurring gift**

I/we promise to make our gift in equal installments of \$\_\_\_\_\_ beginning in \_\_\_\_\_(month/year)  
for a total amount of \$\_\_\_\_\_.

I/We intend to make payments:  Weekly  Monthly  Quarterly  Annually

**Matching gift**

This pledge includes anticipated \$\_\_\_\_\_ in matching gifts from \_\_\_\_\_.

### Giving Options

My check, payable to the University of Missouri, is enclosed.

Please charge my credit card:  Visa  MasterCard  Discover  American Express

Card number \_\_\_\_\_ Expiration date \_\_\_\_\_

Signature \_\_\_\_\_ Print name \_\_\_\_\_



**Please return this form to:**

University of Missouri Health Care, School of Medicine, DC345.00/MU AHEC, Columbia, MO 65201-9984

### Publications and Donor Honor Rolls

I/we wish my/our name(s) to read as follows: (Please print)

Name(s) \_\_\_\_\_

I/we prefer my/our names(s) to be confidential.

**GIFTS ARE TAX DEDUCTIBLE TO THE FULLEST EXTENT ALLOWED BY LAW.**



*Thank you for your support.*

For more information, contact  
School of Medicine Advancement  
Phone: 573-882-6100  
Toll Free: 1-866-260-4517