



Name _____

Email _____ Phone Number _____

I would like my gift to benefit:

- Medical School Dean;s Fund for Excellence **C8353 – 121132**
- Medical School Scholarship Fund **C8405 – 120062**
- Other _____

How I would like to donate:

Single Contribution

I/we wish to make a gift of:

- \$250
- \$500
- \$1,000
- \$2,500
- Other \$ _____

Recurring Gift

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

- I/we intend to make payments: Monthly Quarterly Annually

Signature _____ Print Name _____

Pledge Reminder

- I would like to receive pledge reminders when my payment is due.

Giving Information

- My check, payable to the **University of Missouri**, is enclosed.
- Please charge my credit card: Visa MasterCard Discover AMEX

Card Number _____ Expiration Date ____/____ CVV _____

(CVV FOR RECURRING GIFTS ONLY)

Signature _____ Print Name _____

(AS IT APPEARS ON YOUR CARD)

Address _____ Daytime Phone _____

Gifts are tax-deductible to the fullest extent allowed by law.

Please Return this form to:

Advancement Records Management
407 Reynolds Alumni Center
Columbia, MO 65211

Thank you for your support!

Phone: 573-882-0256
Toll Free: 866-267-7568
giftprocessing@missouri.edu