NAME______________________________________________ MU ID__________________

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I would like my gift to benefit:

☐ Dean’s Fund for Excellence 04032#  ☐ Gov. Mel Carnahan Award & Fellowship 07141#
☐ Dr. Stanley Botner Memorial Scholarship 04183#  ☐ Other __________________________

I am making this gift in honor/memory of (optional) _______________________________________

How I would like to donate:

☐ I/We pledge $________ payable over ____ years (a maximum of five years).

☐ My first payment of $________ is enclosed.
☐ Pledge payments of $________ will be made annually beginning ____________ (month/year).
☐ Pledge payments of $________ will be made quarterly beginning ____________ (month/year).

☐ Please do not send pledge reminders.
☐ My gift will be made via a donor-advised fund.
☐ I/We prefer my/our name(s) to be confidential.
☐ Other instructions: _________________________________________________________________

Matching Gift

☐ I/We anticipate matching gifts of $________ from _________________________________.

(EMPLOYER/Foundation Name)

Gifts are tax-deductible to the fullest extent allowed by law. Checks should be payable to the University of Missouri with the gift designation noted in the lower left-hand corner. Your gift might qualify you for membership in one of the university’s donor recognition societies.

SIGNATURE_________________________________ DATE _________________________

SIGNATURE_________________________________ DATE _________________________

Please return this form to:  

UNIVERSITY OF MISSOURI GIFT PROCESSING  
407 REYNOLDS ALUMNI CENTER  
COLUMBIA, MO 65211

Thank you for your support.

PHONE: 573-882-0256  
TOLL FREE: 866-267-7568  
GIFTPROCESSING@MISSOURI.EDU

To set up a recurring gift using a credit card, please visit donatetomu.missouri.edu.