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**I WOULD LIKE MY GIFT TO BENEFIT:**

- Chancellor’s Fund for Excellence (Mizzou’s greatest needs) 001331
- General Scholarship Fund (student scholarships) 180181
- School/College of \_\_\_\_\_
- Other \_\_\_\_\_


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

**TYPE OF DONATION**

- Single contribution**  
I/we wish to make a 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    AmEx  
Card number \_\_\_\_\_ Expiration date \_\_\_\_\_  
Signature \_\_\_\_\_ Print name \_\_\_\_\_

 **Please return this form to:**  
University of Missouri, Office of Gift Processing, 407 Reynolds Alumni Center, Columbia, MO 65211

**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 name(s) be confidential.

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

**Thank you for your support.**