



**M I Z Z O U**  
**OUR TIME TO**  
**LEAD**

**School of Medicine**  
 University of Missouri Health

Prefer to make your gift or pledge online?  
 Please visit [giving.missouri.edu](http://giving.missouri.edu).

**I would like my gift to benefit:**

Future of HMI Fund 303222

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

**How I would like to donate:**

**Single Contribution**

I/we wish to make an outright gift of

\$5,000     \$2,500     \$1,000     \$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 \_\_\_\_\_

SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_  
(AS IT APPEARS ON YOUR CARD)

ADDRESS \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

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

**Help us say thank you**

Your gift may qualify you for membership in one of the university's recognition societies.

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

I/we would like information on membership in the Columns Society, Jefferson Club, or McAlester Society.

I/we wish my/our name(s) to read as follows on honor rolls: (PLEASE PRINT)

NAME(S) \_\_\_\_\_

**Please return this form to:**

SCHOOL OF MEDICINE ADVANCEMENT  
 ONE HOSPITAL DRIVE, DC205.00  
 COLUMBIA, MO 65212

**Thank you for your support.**

PHONE: 573-882-6100  
 TOLL FREE: 866-260-4517  
 SCHOOLOFMEDICINEDEV@MISSOURI.EDU