



Name _____

Email _____ Phone Number _____

I would like my gift to benefit:

Future of HMI Fund F7013 | 303222

How I would like to donate:

Single Contribution

I/we wish to make a 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 _____ / _____ 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:

School of Medicine Advancement
One Hospital Drive, DC 205.00
Columbia, MO 65212

Thank you for your support!

Phone: 573-882-6100
Toll Free: 866-260-4517
schoolofmedicinedev@missouri.edu