

Prefer to make your gift or pledge online? Please visit <https://tinyurl.com/JacksonCountyGiftFund>.

I Would Like My Gift to Benefit:

☐ University of Missouri of Jackson County Gift Fund

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

Type of Donation

Single contribution

☐ I/we wish to make an outright 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 in Jackson County, is enclosed.

☐ Please charge my credit card: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card number _____ Expiration date _____

Signature _____ Print name _____



Please return this form to:

University of Missouri of Jackson County, 105 East 5th Street, Kansas City, MO 64106

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

Thank you for your support.

For more information, contact:

University of Missouri in Jackson County

Phone: 816-482-5850

Email: jacksonkc@missouri.edu