

Prefer to make your gift or pledge online? Please visit giving.missouri.edu/give-now.

IW	ould Like My Gift to Benefit:
Ш	Chancellor's Fund for Excellence (Mizzou's greatest needs) 001331
	General Scholarship Fund (student scholarships) 180181
Ш	School/College of
	Other
I an	n making this gift in honor of (optional):
Тур	e 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
Giv	ing Options
	My check, payable to the University of Missouri, 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, Office of Gift Processing, 407 Reynolds Alumni Center, Columbia, MO 65211
Pub	lications 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.
	I/we would like information on membership in the Columns Society.
	GIFTS ARE TAX DEDUCTIBLE TO THE FULLEST EXTENT ALLOWED BY LAW

Thank you for your support.

For more information, contact:

Office of Annual Giving Phone: 573-882-2134

Toll Free: 1-877-GIFT-2-MU Email: Giving2MU@missouri.edu



The Columns Society recognizes donors who provide critical annual support to the University of Missouri.

Learn more at giving.missouri.edu/columns-society or call 1-877-GIFT-2-MU.