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

Dr. Gordon Brown Future of HMI Endowment Fund 303662

**How I would like to donate:**

**Single Contribution**

I/we wish to make a gift of:

$100 $250 $500 $1,000 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.*

# **Help us say thank you**

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

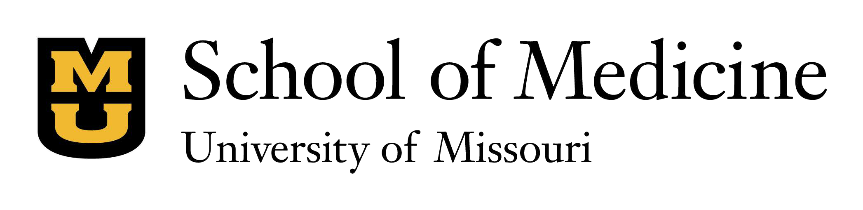
I/we prefer my/our name(s) to be confidential.

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: Thank you for your support.**

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



Office of Advancement

Prefer to make your gift or pledge online? Please visit giving.missouri.edu.

PHONE: 573-882-6100

TOLL FREE: 866-260-4517 [SCHOOLOFMEDICINEDEV@MISSOURI.EDU](mailto:SCHOOLOFMEDICINEDEV@MISSOURI.EDU)