



Name _____

Email _____ Phone Number _____

I would like my gift to benefit:

- Robert J. Churchill, M.D. Faculty Endowment **CP483 - 304282**

How I would like to donate:

Single Contribution

I/we wish to make a gift of:

- \$1,000 \$2,500 \$5,000 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.

Please Return this form to:

Advancement Records Management
407 Reynolds Alumni Center
Columbia, MO 65211

Thank you for your support!

Phone: 573-882-0256
Toll Free: 866-267-7568
giftprocessing@missouri.edu