

— The Campaign for —
Children's Hospital

building
UP

Building the Future
for Our Children
and Families



Bluebird

\$5,000 each

From leading physicians, specialists and researchers to exceptional care and support, our Children's Hospital has all the components of a world-class facility. With your support, we can combine all of our incredible pediatric resources on a single campus, setting a strong foundation for decades to come. Nature is one of the key visually comforting themes chosen for our patients, including display of Missouri's state bird - the Eastern bluebird - in the canopy of a two-story tree, located in the main lobby. Each bluebird serves as a reminder of the flock of support donors provide mid-Missouri children and families in their time of need. Your generosity will be recognized as part of our bluebird donor family at giving.missouri.edu/bluebirds.



MU Health Care



NAME _____ (PLEASE PRINT) MU ID _____ (INTERNAL USE ONLY)

NAME _____ (PLEASE PRINT) MU ID _____ (INTERNAL USE ONLY)

EMAIL _____ DAYTIME PHONE NUMBER _____

ADDRESS _____ (STREET ADDRESS, CITY, STATE, ZIP)

I would like my gift to benefit:

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

How I would like to donate:

- I/We plan to contribute \$ _____ payable over _____ years (a maximum of five years).
- My first payment of \$ _____ is enclosed.
- Payments of \$ _____ will be made annually beginning _____ (month/year).
- Payments of \$ _____ will be made quarterly beginning _____ (month/year).
- Please do not send reminders.
- My gift will be made via a donor-advised fund.
- I/We prefer my/our name(s) to be confidential.
- Other instructions: _____

Advancement Officer/Contact: _____

Matching Gift

- I/We anticipate matching gifts of \$ _____ from _____ (EMPLOYER/FOUNDATION NAME)

Gifts are tax-deductible to the fullest extent allowed by law. Checks should be payable to the **University of Missouri** with the gift designation noted in the lower left-hand corner. Your gift might qualify you to be recognized in one of the university's donor recognition societies.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

Please return this form to:

UNIVERSITY OF MISSOURI GIFT PROCESSING
407 REYNOLDS ALUMNI CENTER
COLUMBIA, MO 65211

Thank you for your support.

GIFTPROCESSING@MISSOURI.EDU
TOLL FREE: 866-267-7568
PHONE: 573-884-7709