



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

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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