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I WOULD LIKE MY GIFT TO BENEFIT:

- Chancellor’s Fund for Excellence (Mizzou’s greatest needs) 001331
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- School/College of _____
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I am making this gift in honor of (optional): _____

TYPE OF DONATION

- Single contribution**
I/we wish to make a 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_____.

GIVING OPTIONS

- My check, payable to the University of Missouri, is enclosed.
- Please charge my credit card: Visa MasterCard Discover AmEx
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

PUBLICATIONS 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.

GIFTS ARE TAX DEDUCTIBLE TO THE FULLEST EXTENT ALLOWED BY LAW.

Thank you for your support.