In support of the mission of the University of Missouri School of Medicine and the Health Sciences,  I/we hereby pledge to contribute the sum of \$			
		enclosed, or as listed below. This pledge includes anticipat	
Additiona	al Instructions		
		will be made annually beginning (month, yea	ar)
		will be made quarterly beginning (month, ye	
	C 1 .	Other instructions:	
Gift Desig	gnation(s)		
	Undesignated gift to support the highest priorities of the University of Missouri School of		
	Medicine and the Health Sciences		
	Designated gift for		
I/we have	made provisions for an estate/tes	tamentary gift in the form of a:	
	BEQUEST		
	\$, as an estim	nated percentage of my estate	
	\$ from my estate as specified in my will		
	TRUST ARRANGEMENT WITH MU AS A BENEFICIARY		
	Current value of trust assets is \$		
	MU's percentage of benefit from final trust assets (remainder interest) is percent.		
	If not the University, the name of the Trustee is		
	WHOLE LIFE INSURANCE POLICY		
	Face value is \$	; the cash value is \$	
Publication	ons 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	anonymous.	
Donor Gif	ft Clubs		
Your gift n	nay qualify you for membership i	n the McAlester Society and the university's Jeffe	erson Club.
Please man	k the appropriate boxes if you we	ould like additional information on gift club mem	ibership.
	Yes, I/we would like information	on on membership in the McAlester Society.	
		on on membership in the university's Jefferson Cl	lub.
Gifts are ta	ax deductible to the fullest extent	allowed by law. Checks may be made payable to	the University of
	with the designation noted in the		,
Name		Signature	Date
Name		Signature	 Date