



# School of Medicine and the Health Sciences

University of Missouri

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 \$\_\_\_\_\_, payable for a maximum of five years, with the first payment of \$\_\_\_\_\_ enclosed, or as listed below. This pledge includes anticipated \$\_\_\_\_\_ in matching gifts from \_\_\_\_\_.

## Additional Instructions

- ☐ Pledge payments of \$\_\_\_\_\_ will be made annually beginning (month, year) \_\_\_\_\_.
- ☐ Pledge payments of \$\_\_\_\_\_ will be made quarterly beginning (month, year) \_\_\_\_\_.
- ☐ Please send pledge reminders. ☐ Other instructions: \_\_\_\_\_

## Gift Designation(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/testamentary gift in the form of a:

- ☐ **BEQUEST**  
\$\_\_\_\_\_, as an estimated 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 \$\_\_\_\_\_.

## 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 anonymous.

## Donor Gift Clubs

Your gift may qualify you for membership in the McAlester Society and the university's Jefferson Club. Please mark the appropriate boxes if you would like additional information on gift club membership.

- ☐ Yes, I/we would like information on membership in the McAlester Society.
- ☐ Yes, I/we would like information on membership in the university's Jefferson Club.

Gifts are tax deductible to the fullest extent allowed by law. Checks may be made payable to the University of Missouri with the designation noted in the lower left-hand corner.

_____ Name	_____ Signature	_____ Date
_____ Name	_____ Signature	_____ Date