



I would like to support Mizzou with a gift:

\$500 \$250 \$100 Other \$ _____

Name(s) _____

Address _____

City _____ State _____ ZIP _____

Phone number _____ E-mail address _____

Alumna/alumnus Yes No If yes, graduation year _____

I would like my gift to benefit:

- Chancellor’s Fund for Excellence (Mizzou’s greatest needs) 001332
- General Scholarship Fund (student scholarships) 180182
- School/College of _____
- Other _____

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

Giving options

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

Card number _____ Expiration date _____

Signature _____

Print name _____

Please return this form to: **University of Missouri**
Advancement
109 Reynolds Alumni Center
Columbia, MO 65211

WEB10

Thank you for your support.

For more information contact:

Advancement 306 Reynolds Alumni Center Columbia, MO 65211

Phone: 573-882-6511 or toll free 1-877-738-6108 Fax: 573-884-5144 Email: Giving2MU@missouri.edu