



Donation/Pledge Form

In support of the mission of University of Missouri Health Care, I/We hereby pledge to contribute the sum of \$_____, payable over a maximum of five years, with the first payment of \$_____ enclosed, or as listed below.

This pledge includes an anticipated \$_____ in matching gifts from the following company: _____

Additional Instructions

Pledge payments of \$_____ will be made:

annually quarterly monthly

beginning on the following date:

Please send pledge reminders

Gift Designation

University of Missouri Health Care Gift Fund (Gifts to this fund support the highest priorities of University of Missouri Health Care as determined by the CEO.)

Designated for:

Publications and Donor/Honor Rolls

I/we wish my/our names/s to read as follows:

Name/s:

I/we prefer that our gift be anonymous.

Gifts are tax-deductible to the extent allowed by law. Checks may be made payable to University of Missouri Health Care, with the designation noted in the lower left hand corner. All naming opportunities require approval by the Chancellor of the University of Missouri and/or the Board of Curators. Naming opportunities will remain in force with the useful life of the named space.

Signature/s: _____

Date: _____

Please return this form to:

University of Missouri Health Care • Office of Development
One Hospital Drive, DC066.00 • Columbia, MO 65212