



# University of Missouri Health System

## I would like to support Mizzou with a gift:

\_\_\_ \$500    \_\_\_ \$250    \_\_\_ \$100    \_\_\_ Other \$ \_\_\_\_\_

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City State ZIP \_\_\_\_\_

Phone number \_\_\_\_\_

E-mail address \_\_\_\_\_

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

### Giving options

My check, payable to the University of Missouri-Columbia, is enclosed.

Please charge my credit card.     Visa     MasterCard     Discover     American Express

Card number \_\_\_\_\_ Expiration date \_\_\_\_\_

Signature \_\_\_\_\_

Print name \_\_\_\_\_

### Please return this form to:

MS Institute  
One Hospital Dr - DC205.00  
Columbia, MO 65212

***Thank you for your support.***

### For more information, contact:

MS Institute, One Hospital Dr - DC205.00, Columbia, MO 65212  
Phone: 573-882-6767 Fax: 573-884-4809 E-mail: robertsg@health.missouri.edu

