



# School of Medicine

University of Missouri Health System

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## I Would Like My Gift to Benefit:

- The Rural Track Pipeline Program Gift Fund (300762)
- The Rural Track Program Scholarship Fund (300802)

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

## Type of Donation

### Single contribution

I/we wish to make an outright gift of \$ \_\_\_\_\_ payable to the "University of Missouri" (check enclosed). Please charge this gift of \$ \_\_\_\_\_ to my/our credit card.

### Recurring gift

I/we promise to make our gift in equal installments of \$ \_\_\_\_\_ beginning in \_\_\_\_\_ (month/year) for a total amount of \$ \_\_\_\_\_.

I/We intend to make payments:  Weekly  Monthly  Quarterly  Annually

### Matching gift

This pledge includes anticipated \$ \_\_\_\_\_ in matching gifts from \_\_\_\_\_.

## 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 Health Care, School of Medicine, DC345.00/MU AHEC, Columbia, MO 65201-9984

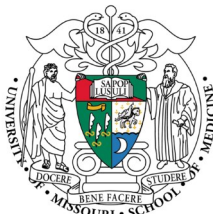
## Publications and Donor Honor Rolls

I/we wish my/our name(s) to read as follows: (Please print)

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

I/we prefer my/our names(s) to be confidential.

GIFTS ARE TAX DEDUCTIBLE TO THE FULLEST EXTENT ALLOWED BY LAW.



*Thank you for your support.*

For more information, contact  
School of Medicine Advancement  
Phone: 573-882-6100  
Toll Free: 1-866-260-4517