



Faculty, Staff & Retirees Campaign

### GIFT/PLEDGE FORM

Employee Name (last, first, middle): \_\_\_\_\_ Emp. ID: \_\_\_\_\_

Department: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

**I would like to make a gift.**

**I would like to make a pledge.**

Total pledge amount: \$ \_\_\_\_\_ to be paid over a period of \_\_\_\_\_ years.

Please designate my pledge as indicated below:

MoCode  
(if known)

- \$ \_\_\_\_\_ School (please specify) \_\_\_\_\_
- \$ \_\_\_\_\_ Department (please specify) \_\_\_\_\_
- \$ \_\_\_\_\_ Chancellor's Fund for Excellence (unrestricted) \_\_\_\_\_
- \$ \_\_\_\_\_ Libraries \_\_\_\_\_
- \$ \_\_\_\_\_ Other (please specify) \_\_\_\_\_
- \$ \_\_\_\_\_ Other (please specify) \_\_\_\_\_

Please remind me:      annually              semi-annually              quarterly              monthly

Please send the first notice: \_\_\_\_\_ (month/year)

Enclosed is my first payment of \$ \_\_\_\_\_ (optional)

**by Check:** (made payable to the University of Missouri-Columbia)

**by Credit Card:**

I authorize the University of Missouri to charge \$ \_\_\_\_\_ to my



Card number: \_\_\_\_\_

Print name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send this form to:**

Mizzou Gift Processing  
University of Missouri  
109 Reynolds Alumni Center  
Columbia, MO 65211  
(573) 882-0274

NOTE: Your pledge may be changed at any time by notifying the University Development Office.  
Contact (573) 882-2134 or G for questions or suggestions. Please use other form for payroll deduction.