

FOR ALL WE CALL

MIZZOU

The Campus Campaign

GIFT TRANSMITTAL FORM

(check or credit card by mail)

I would like to make a gift today to the University of Missouri – Columbia.

Employee Name (last, first, middle): _____

Social Security Number: _____ - _____ - _____

Department: _____

Mailing Address: _____

Campus Phone: _____

Payment Information:

Total gift amount: \$_____

Please designate my gift as indicated below:

MoCode
(if known)

\$_____ School (please specify): _____

\$_____ Department (please specify): _____

\$_____ Chancellor’s Fund for Excellence Fund (unrestricted)

\$_____ Libraries

\$_____ Other (please specify): _____

\$_____ Other (please specify): _____

\$_____ Other (please specify): _____

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

by Credit Card:

I authorize the University of Missouri-Columbia to charge \$_____ to my

Visa MasterCard Discover

Card number: _____ Expiration Date: _____

Print name as it appears on card: _____

Signature: _____ Date: _____

Send this form to:

Mizzou Gift Processing
University of Missouri – Columbia
109 Reynolds Alumni Center
Columbia, MO 65211

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