PLEDGE	
I/we pledge to contribute the sum of \$ this pledge over years (not to exceed five).	to the Missouri School of Journalism. I/we will pay
TYPE OF DONATION	
Form:	
Credit card type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express	
••	Expiration date
	Print name
In addition to my personal pledge, I work for a matching gift	company,
which also will provide an anticipated match of \$	
GIVING OPTIONS	
Pledge payments of \$ will be made annually beginning (month, year)	
Pledge payments of \$ will be made quarterly beginning (month, year)	
Pledge payments of \$ will be made monthly beginning (month, year)	
□ Please send pledge reminders	
☐ Other instructions:	
PLEASE RETURN THIS FORM TO: Missouri School of Journalism, Office of Advancement, 103 Neff Hall, Columbia, MO 65211	
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 name(s) be confidential.	
GIFTS ARE TAX DEDUCTIBLE TO THE FULLEST EXTENT ALLOWED BY LAW	
SIGNATURE	CO-SIGNATURE
PRINTED NAME	PRINTED NAME
ADDRESS	ADDRESS
CITY/STATE/ZIP	CITY/STATE/ZIP
PHONE	PHONE

Thank you for your support.