

l wou	ıld like my gift to benefit
	The Clover Fund (4-H's greatest needs)
	The Missouri 4-H Foundation Scholarship Fund
	Other
Туре	of donation
	One-time gift
	I /we wish to make a one-time gift of \$
	Recurring gift
	I/we pledge \$ payable over years (maximum of five years).
	Payments of \$ will be made annually beginning (mm/yy).
Paym	nent options
	My check, payable to the Missouri 4-H Foundation, is enclosed.
	Please charge my credit card:
	Card number: Exp
	Signature: Print name:
Publi	cations and honor rolls
	I/we wish my/our name(s) to be listed as follows: (please print)
	Name(s)
	I/we prefer not to be listed in publications and donor honor rolls.
Hono	or or memory information (optional)
	This gift is in honor of:
	This gift is in memory of:
Wo	ould you like us to notify someone of your tribute? If so, complete the following:
Na	me of person to notify:
	ll address:
	tification comments:
Dlos	so roturn this form to:

Gifts are tax-deductible to the fullest extent allowed by law.

Missouri 4-H Foundation, 109 Whitten Hall, Columbia, MO 65211

Thank you for your support.

Missouri 4-H Foundation

Phone: 573-882-2680 • Web https://4h.missouri.edu/foundation/