Name			Date of Birth		
		Date of Birth			
	Address				
Telephoi	ne (personal)	lelephone (business) _			
Descri	ption of Gift				
1	Type of Gift:	Tod	ay's Valu	ue of MU's Share	
	□ Will	\$			
	Living Trust				
	Life Insurance				
	Retirement Plan				
	Other:				
ı	I/We understand this is not a legal or binding c size of this future gift may be significantly diffe future MU is no longer included in my/our plan,	ommitment on my/our esta rent from the amount estin	ate. MU sho nated abov	ould understand that the e. If for any reason in the	
	If MU is an alternate beneficiary and will only If you checked this box, please describe the				
	This box should only be checked if MU is truly a beneficiaries to your estate would have to pred MU would receive any distribution from your es	ecease you, or forfeit any c			
Purpos	se of Gift				
☐ This is	s an unrestricted gift to the University of Miss	ouri-Columbia			
☐ This is	s an unrestricted gift to, (School or College)	University of Missouri-Co	lumbia		
	(School or College) gift is to be used for the following purpose or				
	by of the relevant provision of my will, trust or		form is att	ached (or the relevant	
	s such as the title page, description of gift page			•	
		_	ato		
Signatur	'e		ate		

Please return to:

Office of Gift Planning, University of Missouri 302 Reynolds Alumni Center, Columbia MO 65211 800-970-9977 | Fax 573-884-5144 | giftplanning@missouri.edu