

John McClusky Endowed Scholarship Gift Form

Full Name (please print):			
Home Address:		State:	Zip Code:
Preferred Phone (□Cell □ Home □ Work):			
Preferred Email Address (☐ Home ☐ Work):			
Company Name (optional):	Title:		
Gift Designation			
☐ Enclosed is my gift in the amount of: \$			
☐ I / my spouse work for a matching gift compan	ıy. My completed matching gift form is	enclosed.	
Method of Payment			
☐ My check is enclosed (payable to: the Universi	ty of Missouri-St. Louis)		
☐ Please charge my credit card: ☐ Master Card	□ Visa □ Discover	☐ American Expre	SS
Account Number:	Expiration Date:		CV/Number:
Cardholder Name:	Signature:		
☐ I would like to donate securities. Please contact	ct me at:		
Pledge			
\Box I pledge to make a gift to the university in the	amount of \$	The gift v	vill be paid in (#)
☐monthly <i>OR</i> ☐ annual installments of \$	on or before <i>(dates</i> - eg. 12	/31/2013 and 12/3	1/2014)
Memorial and Tribute Gifts			
☐ My gift is in memory of:			
☐ My gift is in honor of:	On the occasion of:		
Please notify the following individual of my gift: N	Name:		
Address:	City:	State:	Zip Code:

Your gift to the University of Missouri-St. Louis is tax deductible as allowed by law. All gifts will be credited jointly to spouse if not specified.

John McClusky Endowed Scholarship APPEAL CODE: NP13A