

Gift and Pledge Form

Please complete this form and send to UAMS Institutional Advancement, 4301 W. Markham Street, #716, Little Rock, AR 72205. To email this form when making a pledge, or to ask questions, please email FoundationAdministration@uams.edu. Give online at giving.uams.edu.



DONOR INFORMATION

Full Name _____
If Joint Gift, Spouse Name _____ (Receipts are sent to person(s) named on checking account)
Address _____ City/State _____ Zip _____
Home Phone _____ Cell _____ Email _____
If Foundation/Corporation: Name/Title of Primary Contact for Receipt: _____
Affiliation with UAMS: Friend Grateful Patient/Family Alumni Student Employee/Retiree

DESIGNATION OF GIFT

My gift is for UAMS where the need is greatest.
 My gift is for greatest needs of (college, institute, department or regional campus): _____
 Other (name of program, project or fund): _____
This form is used only for an existing fund in the Foundation.

GIFT AMOUNT \$ _____

METHOD OF PAYMENT (check one)

Check Enclosed (*make check payable to the UAMS Foundation Fund or Winthrop P. Rockefeller Foundation Fund*)
 Credit Card
Card #: _____ Exp. Date _____ Security Code (CVV) _____ (3 or 4 digit code)
Type: (check one) Visa MasterCard Discover American Express
Name as it appears on card: _____
Signature Required: _____ Date _____

PLEDGE

Pledge: I pledge to pay installments of \$ _____ to be contributed: Monthly Quarterly Annually
Pledges can be made up to five years.
 Send pledge payment reminders (check one): Mail to address above or Email to _____
OR I authorize a recurring credit card charge using the card information above to make my pledge installment payments.
If monthly/quarterly, charge is made between 1st - 5th of the month (Quarterly: Jan, May, Sept, Dec). If Annually, on _____ (fill in month/day).
Signature Required: _____ Date: _____

TRIBUTE INFORMATION (IN HONOR or IN MEMORY)

My gift is made in honor or in memory of: _____
Please notify the following person of my tribute gift (amounts are not disclosed): Name: _____
Address: _____ City: _____ State: _____ Zip: _____

ADDITIONAL INFORMATION

My employer _____ will match my gift. *If you or your spouse, work for an organization that has a matching gift program, you could double or triple the impact of your gift. Please contact your employer to inquire about such a program.*
 I have included UAMS in my will or estate plan.
 Please send information to me about planned gifts and how to include UAMS in my will and other estate planning documents.

Thank You for Advancing the Health and Health Care of Arkansas!

The UAMS Foundation Fund and the Winthrop P. Rockefeller Foundation Fund are sub-organizations of The University of Arkansas Foundation, Inc., a 501(c)(3) tax-exempt corporation. (Tax ID # 71-6056774). All gifts are eligible for deduction as charitable contributions within the limits of the law.