

# UAMS Myeloma Institute Gift and Pledge Form

Please mail completed form with check or credit card information to:

UAMS Myeloma Institute Development Office

4301 W. Markham Street, #816, Little Rock, AR 72205-9985

## MY INFORMATION

FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

DAYTIME PHONE # \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

ON BEHALF OF (family/company/organization): \_\_\_\_\_

Connection to UAMS Myeloma Institute: ☐ Friend ☐ Grateful Patient/Family ☐ Employee/Retiree ☐ Other

MY GIFT OF \$\_\_\_\_\_ TO THE MYELOMA INSTITUTE IS DESIGNATED FOR:

☐ Greatest Need (unrestricted)

☐ Ride for Research

☐ Research

☐ Other (please specify): \_\_\_\_\_

METHOD OF PAYMENT (check one)

☐ Check (Payable to the University of Arkansas Foundation, Inc.)

☐ Credit/Debit Card

Name as it appears on card: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. \_\_\_\_\_ Security Code \_\_\_\_\_

Card Type: (check one) ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

☐ Pledge

My gift **designation is noted above**. I have paid \$\_\_\_\_\_ today for my first payment and will pay the remaining pledge balance in \_\_\_\_\_

installments of \$\_\_\_\_\_ on a ☐ Monthly or ☐ Quarterly or ☐ Annual basis. *Multi-year pledges can be made up to five years. You will receive pledge reminders.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

☐ Patient Support

Gifts for Patient Support should be made via check as follows:

1) Make check payable to UAMS Auxiliary

2) Enter Patient Support Fund on the memo line

The Patient Support fund resides in a distinct account within the UAMS Auxiliary, a non-profit organization that provides assistance to UAMS patients and is a component of the UAMS Center for Patients and Families.

## TRIBUTE INFORMATION

My gift is in ☐ honor or ☐ memory (check one) of: \_\_\_\_\_

on the occasion of: \_\_\_\_\_

Please send acknowledgement of my gift to the following person(s) (gift amounts are not shown)

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*If additional acknowledgements are needed, please attach list of names and addresses to this form.*

## ADDITIONAL INFORMATION

☐ My employer \_\_\_\_\_ **will match my gift**. If you or your spouse works for an organization that has a matching gift program, you could double or triple your gift. Please contact your employer to inquire about such a program.

☐ Please keep my gift anonymous and exclude my name in a donor honor roll or other recognition.

**Thank you for your gift!**

Donations to the Myeloma Institute, except donations designated for Patient Support, reside in the Winthrop P. Rockefeller Foundation Fund, a suborganization of The University of Arkansas Foundation, Inc., a 501(c)(3) non-profit corporation. (Tax ID # 71-6056774) For more information, call (501) 526-2873 or visit [www.myeloma.uams.edu](http://www.myeloma.uams.edu).