

UAMS Gift and Pledge Form

Please return completed form by mail to the UAMS Office of Institutional Advancement, 4301 W. Markham Street, #716, Little Rock, AR 72205 or by fax to 501-686-5067.



PERSONAL INFORMATION

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____
PREFERRED NAME/NICKNAME: _____
ADDRESS _____ CITY _____ STATE _____ ZIPCODE _____
DAYTIME PHONE # _____ EMAIL ADDRESS _____
ON BEHALF OF (family/company/organization): _____

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 (name of account, program, project or fund): _____
- My gift is for the area checked below:

UAMS Colleges

- College of Health Related Professions
- College of Medicine
- College of Nursing
- College of Pharmacy
- College of Public Health
- Graduate School
- UAMS Northwest

UAMS Institutes

- Harvey and Bernice Jones Eye Institute
- Myeloma Institute for Research and Therapy
- Psychiatric Research Institute
- Donald W. Reynolds Institute on Aging
- Jackson T. Stephens Spine & Neurosciences Institute
- Translational Research Institute
- Winthrop P. Rockefeller Cancer Institute

UAMS Centers/Programs

- UAMS Medical Center (Hospital)
- UAMS Kids First
- Cord Blood Bank of Arkansas
- Area Health Education Centers
- Satellite Centers on Aging (Statewide)
- Office of Global Health

GIFT AMOUNT \$ _____

METHOD OF PAYMENT (check one)

- Check (payable to the UAMS Foundation Fund or Winthrop P. Rockefeller Foundation Fund if giving to Cancer or Myeloma Institute)
- Credit Card
Card #: _____ Exp. _____ Security Code _____
Card Type: (check one) Visa MasterCard Discover American Express
Name as it appears on card: _____

- 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: _____

TRIBUTE INFORMATION (IN HONOR or IN MEMORY)

My gift made is in honor or memory (check one) of: _____

Please notify the following person(s) of my 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, work 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 include me in **email communications**. I understand that I can opt out at any time.
- I have **included UAMS in my will** or estate plan.
- Please send me information about **planned gifts** and how to include UAMS in my **will and other estate planning** documents.
- Please do not include my **name in a donor honor roll** or other recognition publications.