

# Charitable Gift Commitment



## Donor Information

Full Name \_\_\_\_\_

If Joint Gift, Spouse/Partner's Full Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Personal Email \_\_\_\_\_

Work Email \_\_\_\_\_

If Foundation/Corporation, Name/Title of Primary Contact for Receipt \_\_\_\_\_

ID # \_\_\_\_\_  
(Internal use only)

## Gift Statement

I/We hereby confirm my/our intention to make a charitable gift in support of University of Arkansas for Medical Sciences through the UAMS Foundation for:

UAMS where the priority is greatest

Greatest priorities of (college, institute, department or regional campus): \_\_\_\_\_

Other (name of program, project or fund): \_\_\_\_\_

Total Commitment Amount \$ \_\_\_\_\_

My/our gift should be applied as follows:

Current/immediate use \$ \_\_\_\_\_

Endowed \$ \_\_\_\_\_

## Employer Matching Gifts

*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.*

Anticipated match amount \$ \_\_\_\_\_

Employer/Matching source \_\_\_\_\_

## Gift Fulfillment (Check One)

One-time Gift

Recurring Gift

I pledge to pay installments of \$ \_\_\_\_\_ to be contributed:

Monthly    Quarterly    Annually    starting \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## Gift Recognition

Please recognize me/us as follows in published donor listings: \_\_\_\_\_

Only recognize my/our gift as credit to "Anonymous"

**Funding Source**

Check or Money Order Enclosed  
Payable to UAMS Foundation

Transfer of Marketable Securities

I am/we are transferring marketable securities to apply to our personal contribution as follows:

Name of Stock: \_\_\_\_\_  
Anticipated Value of Transaction: \_\_\_\_\_  
Anticipated Transfer Date: \_\_\_\_\_

Donor Advised Fund  
Fund Name: \_\_\_\_\_

Family or Community Foundation  
Organization Name: \_\_\_\_\_

Other: \_\_\_\_\_

**Credit Card Information**

Name as appears on front of card: \_\_\_\_\_  
Number: \_\_\_\_\_  
Expires: \_\_\_\_\_ Security Code: \_\_\_\_\_  
Billing Address (if different from on front): \_\_\_\_\_

Initial/One-Time Authorization

I/we authorize the UAMS Foundation to charge the credit card below in the amount of \$\_\_\_\_\_

Recurring Authorization

I authorize a recurring credit card charge using the card information provided to make my pledge installment payments starting \_\_\_\_\_  
(month/day)

**Estate/Bequest**

Noting my/our desire to provide a legacy of support to the University of Arkansas for Medical Sciences, I/we hereby inform the UAMS Foundation that I/we have made provision in our estate plan for a gift to the university. I/we understand that this commitment is revocable and can be modified by me/us at any time.

Understanding that market values are subject to change, I/we estimate the value of my/our gift to be approximately \_\_\_\_\_ in today's dollars.

My/our gift is a: Will or Living Trust

Select: Specific amount \_\_\_\_\_% of estate/trust Residual \_\_\_\_\_% of estate/trust

My/our bequest to the University of Arkansas for Medical Sciences is as follows:

Payable after my lifetime without contingency to the UAMS Foundation

Provision in will contingent to \_\_\_\_\_ and then to the UAMS Foundation

I direct that my estate gift be used for the following purpose(s):

(Please list in order of priority and specify college/departments/institute designations, endowments, or any other information)

Please contact this individual(s) following my lifetime for information related to my gift to ensure that my philanthropic goals are accomplished:

Name	Address	Relation	Phone
_____	_____	_____	_____
_____	_____	_____	_____

By signing below, I/we agree to fulfill this charitable commitment:

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/Partner Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_