

UAMS Gift and Pledge Form

M. Joycelyn Elders, M.D. Professorship in Health Promotion and Disease Prevention

Please return completed form to:

UAMS Institutional Advancement 4301 W. Markham Street, #716, Little Rock, AR 72205 or fax to 501-686-5067

UAMS

UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

PERSONAL INFORMATION

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

Affiliation with UAMS: ☐ Friend ☐ Grateful Patient/Family ☐ Alumni ☐ Student ☐ Employee/Retiree ☐ COM Faculty (FGP Match)

☐ My gift is a part of the AMDPA membership contribution ☐ My gift is a part of the NMA membership contribution

MY GIFT to the M. Joycelyn Elders, M.D. Professorship in Health Promotion and Disease Prevention is:

☐ \$5000 ☐ \$1000 ☐ \$500 ☐ \$100 ☐ \$ _____

METHOD OF PAYMENT (check one)

☐ Check (payable to the UAMS Foundation Fund, you can note the M. Joycelyn Elders, M.D. Professorship in the memo line)

☐ Credit Card #: _____ Exp. _____ Security Code _____

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

Name as it appears on card: _____

☐ Pledge

My gift amount 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.

☐ Payroll Deduction (for UAMS employees)

____ I am paid every 2 weeks OR ____ I am paid once a month

I pledge the following amount to be deducted from my paycheck each pay period:

☐ \$5 ☐ \$10 ☐ \$15 ☐ \$25 ☐ \$50 ☐ Other \$ _____

Total Pledge Amount \$ _____*

(Amount per pay period x # of pay periods = Total Gift Amount)

I wish to make a charitable gift to The University of Arkansas Foundation, Inc. for the benefit of UAMS as designated above and according to the payroll deduction information stated herein.

Signature Required: _____

** The deduction from your paycheck to pay your pledge will begin within 30 days after your pledge has been made and will be reflected on your paycheck stub.*

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.

Thank you for your gift!

The UAMS Foundation Fund is a sub-organization

of The University of Arkansas Foundation, Inc., a 501(c)(3) non-profit corporation. (Tax ID # 71-6056774)

06/2015