

UAMS Gift Form

Please make checks payable to the *UAMS Foundation Fund* and mail or fax (501-686-5067) the completed form to the Office of Development and Alumni Affairs at the University of Arkansas for Medical Sciences at 4301 W. Markham St., #716, Little Rock, AR 72205. Please call 501-686-8200 with any questions.



PERSONAL/BILLING INFORMATION

TITLE: _____ FIRST NAME: _____

MIDDLE INITIAL: _____ LAST NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

DAYTIME PHONE #: _____ EMAIL ADDRESS: _____

GIFT DESIGNATION

Please select a designation for your gift. You may choose to any area where you have an interest; or you may give an undesignated gift to be used where the need is greatest. All gifts are appreciated and amounts will not be revealed in any donor recognition pieces.

Option 1: I/we want this gift of \$ _____ to go to:

Name of Area, Program, Project or Fund: _____

Option 2: I/we want this gift of \$ _____ to be used where the need is greatest (Undesignated).

GIFT ACKNOWLEDGEMENT

A gift to UAMS in memory or honor of an individual is a special way to pay tribute and show your love. Gifts may honor a person during his or her lifetime, or you may honor a loved one who is deceased.

Gift made in honor/memory (circle one) of: _____

Please send acknowledgement of my gift to the following:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

METHOD OF PAYMENT (Check One)

Cash/Check

Credit Card (Card #) _____ Exp. _____

Card Type: (circle one) Visa MasterCard Discover American Express

SIGNATURE: _____ DATE: _____