

# 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: \_\_\_\_\_