

UAMS EMPLOYEE GIVING CAMPAIGN



UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

NAME: _____ SAP#: _____

DEPARTMENT: _____ MAIL# _____ PHONE # _____

MAKE GIFT DESIGNATION

Please select a designation for your gift. You may choose to support your own department or area; any other 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 want my gift of \$ _____ to go to:

Name of Area, Program, Project or Fund: _____

OPTION 2: I want my gift of \$ _____ to be used where the need is greatest (Undesignated)

Gift qualifies for the College of Medicine Faculty Group Practice (FGP) match

Gift made in honor of (Name): _____

Gift made in memory of (Name): _____

Please send acknowledgement of my gift to (Name): _____

Address: _____ City: _____ State: _____ Zip: _____

METHOD OF PAYMENT - Check One

Cash/Check

Credit Card (Card #) _____ Exp. _____

Visa

MasterCard

Discover

American Express

Payroll Deduction – Complete the Box Below

PAYROLL DEDUCTION INFORMATION

I am a Bi-Weekly Employee

I am a Monthly Employee

I pledge the following amount per pay period by Payroll Deduction:

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

TOTAL CONTRIBUTION \$ _____*

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

SIGNATURE: _____ DATE: _____

* Note: Your pledge by payroll deduction will begin within 30 days after your pledge has been made. Your end-of-year payroll voucher will document to the IRS that your gift to the campaign is fully tax-deductible.

Send this completed form by Campus Mail to: UAMS Employee Giving Campaign #716