

## COLLEGE OF MEDICINE SCHOLARSHIPS PLEDGE

I want to support student scholarships in the UAMS College of Medicine.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State, \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

**I pledge** to contribute \$\_\_\_\_\_ over [1] [2] [3] years to:

- Caduceus General Scholarship Fund
- Class of \_\_\_\_\_ Scholarship
- Memorial Scholarship: \_\_\_\_\_

Signature \_\_\_\_\_

Donor listing \_\_\_\_\_

(Please print your name(s) as you want it to appear in all donor publications.)

See payment options on back ►

**PAYMENT OPTIONS**

- I have enclosed a check payable to UA Foundation. (Write a memo on check naming your chosen designation.)
- Please charge my contribution of \_\_\_\_\_ to:
- VISA
  - Mastercard
- Account Number \_\_\_\_\_
- Expiration Date \_\_\_\_\_
- I am an employee of UAMS and would like a payroll deduction. Please send me a form.
- This gift is eligible for a match from my employer.
- This gift is eligible for a MCPG match for UAMS faculty only.

Mail this pledge card, with check if applicable, in the enclosed envelope or to:

COM Scholarship Campaign,  
4301 W. Markham St., #642,  
Little Rock, AR 72205

Contributions are tax deductible to the maximum allowed by law. You will receive a receipt for tax purposes.

UAMS is a HIPAA compliant institution. To opt out of future development mailings, call (501) 686-8497.