

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.