

UAMS Gift/Pledge Form

Please send this completed pledge form with your check made out to the:

UAMS Foundation Fund
Office of Development and Alumni Affairs
University of Arkansas for Medical Sciences
4301 W. Markham St., #716
Little Rock, AR 72205
(501) 686-8200 (tel.)
(501) 686-5067 (fax)

Please designate your gift to an established UAMS Foundation fund (including scholarships, endowed chairs, professorships, etc.). If you don't have this information, please note one of the Colleges, Centers, or Institutes below. If no area is designated, your gift will be placed in the area of greatest need.

Colleges

College of Health Related Professions
College of Medicine
College of Nursing
College of Pharmacy
College of Public Health
Graduate School

Centers & Institutes

Area Health Education Centers
Arkansas Cancer Research Center
Jones Eye Institute
Myeloma Institute
Reynolds Institute on Aging
Stephens Spine Institute
UAMS Medical Center

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 (undesigned).

I wish to pledge an additional \$ _____ to be paid in ____ payments.

I would like reminders in the following manner:

Monthly Annually Quarterly

Title (Optional): _____

First Name: _____

Middle Initial: _____

Last Name: _____

Address1: _____

Address2: _____

City: _____

Zip Code: _____

Optional: _____

Telephone: _____ E-mail Address: _____