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Please call (501) 686-7203 or e-mail bivy@uams.edu to set up a UAMS Employee Payroll Deduction.

Check one or more options. Please explain if you choose more than one option. _____

If using a credit card, please provide the following:

Type of credit card: Visa MasterCard Discover

Credit Card # _____ Expiration _____

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- I will make a gift online at http://www.uams.edu/giving/online_giving/giving.asp
- This gift will be matched by _____ (business name) with a gift of \$ ____ .

Checks should be made payable to the UAMS Foundation Fund and designated for the Cord Blood Bank. Please return this section and a check, if applicable, to the UAMS Office of Development & Alumni Affairs,
4301 W. Markham, #716,
Little Rock, AR 72205.

For more information, please contact:
Brooke Ivy, Associate Director of Development
UAMS College of Medicine ,
at 501-686-7203 or bivy@uams.edu

Gifts are tax-deductible to the extent provided by law. The UAMS Foundation is a 501(c)(3) organization as defined by the IRS. Our tax identification number is 71-6056774.

Thank you for your support!

CORD BLOOD BANK OF ARKANSAS

PLEDGE FORM

I/We wish to make a contribution to the Cord Blood Bank of Arkansas for a total of \$_____.

Name: _____ Address: _____

Home Phone: _____ Cell Phone _____

- I would like to join the Friends of the Cord Blood Bank of Arkansas, a group of volunteers dedicated to better health care in our state.