

# Gift and Pledge Form - UAMS Orthopaedics



Please complete this form and send to UAMS Institutional Advancement, 4301 W. Markham Street, #716, Little Rock, AR 72205. To email this form when making a pledge, or to ask questions, please email [FoundationAdministration@uams.edu](mailto:FoundationAdministration@uams.edu). Give online at [giving.uams.edu](http://giving.uams.edu).

## DONOR INFORMATION

Full Name \_\_\_\_\_  
If Joint Gift, Spouse Name \_\_\_\_\_ (Receipts are sent to person(s) named on checking account)  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_  
If Foundation/Corporation: Name/Title of Primary Contact for Receipt: \_\_\_\_\_  
Affiliation with UAMS:  Friend  Grateful Patient/Family  Alumni  Student  Employee/Retiree

## DESIGNATION OF GIFT

Orthopaedics for Arkansas Fund - Department of Orthopaedic Surgery at UAMS  
 Orthopaedic Alumni Residency Fund - Department of Orthopaedic Surgery at UAMS  
Other (name of program, project or fund): \_\_\_\_\_  
 UAMS Greatest Need

GIFT AMOUNT \$ \_\_\_\_\_

## METHOD OF PAYMENT (check one)

Check Enclosed (*make check payable to the UAMS Foundation Fund or Winthrop P. Rockefeller Foundation Fund*)  
 Credit Card  
Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code (CVV) \_\_\_\_\_ (3 or 4 digit code)  
Type: (check one)  Visa  MasterCard  Discover  American Express  
Name as it appears on card: \_\_\_\_\_  
Signature Required: \_\_\_\_\_ Date \_\_\_\_\_

## PLEDGE

Pledge: I pledge to pay installments of \$ \_\_\_\_\_ to be contributed:  Monthly  Quarterly  Annually  
*Pledges can be made up to five years.*  
 Send pledge payment reminders (check one):  Mail to address above or  Email to \_\_\_\_\_  
**OR**  I authorize a recurring credit card charge using the card information above to make my pledge installment payments.  
If monthly/quarterly, charge is made between 1<sup>st</sup> - 5<sup>th</sup> of the month (Quarterly: Jan, May, Sept, Dec). If Annually, on \_\_\_\_\_ (fill in month/day).  
Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_

## TRIBUTE INFORMATION (IN HONOR or IN MEMORY)

My gift is made  in honor or  in memory of: \_\_\_\_\_  
Please notify the following person of my tribute gift (amounts are not disclosed): Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## ADDITIONAL INFORMATION

My employer \_\_\_\_\_ will match my gift. *If you or your spouse, work for an organization that has a matching gift program, you could double or triple the impact of your gift. Please contact your employer to inquire about such a program.*  
 I have included UAMS in my will or estate plan.  
 Please send information to me about **planned gifts** and how to include UAMS in my **will and other estate planning** documents.

**Thank You for Advancing the Health and Health Care of Arkansas!**

The UAMS Foundation Fund and the Winthrop P. Rockefeller Foundation Fund are sub-organizations of The University of Arkansas Foundation, Inc., a 501(c)(3) tax-exempt corporation. (Tax ID # 71-6056774). All gifts are eligible for deduction as charitable contributions within the limits of the law.