

Gift Form



I want to make a gift of \$ _____ to:

- University's Greatest Needs
- Other: _____

Make your gift online at
onlinegiving.uark.edu

Our fiscal year is July 1 – June 30.

- This is a one-time gift.**
- This is a monthly recurring gift with the following frequency:**
 - _____ months for a total gift of \$ _____
 - Continue until further notice

I will be making my gift by:

- Check** Make check payable to the "UA Foundation"
- Bank Draft*** Enclose a voided check for the bank account from which the monthly draft is to be deducted
*Note: If recurring monthly, gift will be deducted on the 15th of the month.

This gift is being made:

- Anonymously Jointly with my spouse: _____
- In memory of: _____ In honor of: _____
- Please include notification name and address: _____

As a matching gift:

- I have enclosed my company's matching gift form. **OR** I would like to receive information regarding matching gifts from my company.
- Company Name: _____

Personal Information:

- *Name (please print): _____
- *Street Address: _____ *City/State/ZIP: _____
- *Preferred Phone: _____ *Email: _____
- *Phone Type: Home Cell Work Employer: _____
- Job Title: _____
- Work Address: _____
- *UA Affiliation: Graduate: Year _____ Student Faculty Staff Parent Friend

Signature: _____ **Date:** _____

Thank you for your gift!

Please mail completed form with signature to:
Annual Giving | 481 South Shiloh Drive | Fayetteville, AR 72704

No goods or services will be provided for this gift. Please keep a copy of this form for your records.

AFPF