



## Gift/Pledge Form

I wish to make a gift/pledge to the Cord Blood Bank of Arkansas for a total gift of \$\_\_\_\_\_.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Amount paid today (if applicable) \$ \_\_\_\_\_

Balance pledged (if applicable) \$ \_\_\_\_\_

### Giving Options:

☐ Check payable to the UAMS Foundation Fund

☐ Credit card payment to the UAMS Foundation Fund

☐ Visa

☐ Master Card

☐ Discover

☐ American Express

Account #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

☐ UAMS Employee Payroll Deduction

UAMS SAP #: \_\_\_\_\_

I pledge the following amount per pay period by Payroll Deduction: \$ \_\_\_\_\_

Number of Months for Payroll Deduction: \_\_\_\_\_

Total Contribution: \$ \_\_\_\_\_\*

(Amount per pay period x # of pay periods = Total Contribution)

*\*Your pledge by payroll deduction will begin within 30 days after your pledge has been made.*

*Your end-of-year payroll voucher will document to the IRS your gift.*

☐ My gift is in honor/memory of: \_\_\_\_\_.

Please send acknowledgment to (name, address): \_\_\_\_\_

☐ I would like for my gift to remain anonymous.

Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send completed form to Art Horne at UAMS, 4301 West Markham, Slot #716, Little Rock, Arkansas 72205.  
For more information, please call 501-686-8957 or e-mail [ahorne@uams.edu](mailto:ahorne@uams.edu).

*Thank you for your support of the Cord Blood Bank of Arkansas.*

*Your gift may be tax-deductible within IRS Regulations. The UAMS Foundation Fund, a sub-organization of the University of Arkansas Foundation, Inc., is a 501(c)(3) non-profit organization (Tax ID #71-6056774).*