

1537 University Blvd Morrilton, AR 72110 501-977-2085 Phone 501-977-2123 Fax

FOUNDATION BOARD

LETTER OF INTENT

Based upon current and predicted circumstances, I/we intend to mission and its goals with gifts totaling \$				••	
	years(s) as follows:	3 <u>· </u>			
\$	One-Time	\$	Annually	\$	Semi-Annually
\$	Quarterly	\$	Monthly		
Beginning:	/ /				
Please Send Re	eminder Letters: Y	es No			
office as s	tated above.	_	ck or cash payment t		•
Name On	Account:				
Name of I	Bank:		Acco	unt Type:	
Address o					
			Pural Route, Etc.) (City)		e) (Zip)
Account N	Number:		Routi	ng Number:	
pledge to the l		my employ	, is a matching		
MEMORIA	AL/HONORAR	IUM INI	FORMATION		
I/We Would Lik	ce to Designate My/	Our Gift:			
In Memor	y of:				
In Honor	of:				
Please Send Ad	cknowledgement Of	This Memo	orial/Honorarium To:		
Name:					
Mailing A	ddress:				
itialing A	(Street addres	s PO Box R	ural Route, Etc.) (City)	(State	e) (Zip)



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DIRECTED PURPOSE	
I/we wish for our gift to be used for the following directed purports UACCM Annual Fund Other- Please contact the UACCM Development Office to discuss other	
DONOR INFORMATION	
I/we understand that UACCM will allow this commitment to be runforeseen circumstances. Name:	modified or terminated in the event of
(Please print your name(s) as it should appear for recognitio	n.)
Mailing Address:	
(Street address, P.O. Box, Rural Route, Etc.) (City)	(State) (Zip)
Contact Phone: Email Address:	
I/We Wish To Remain Anonymous.	
SIGNATURES	
Signature:	Date:
Signature:	Date:
(Co-Signer)	
Signature:	Date:

(Receiver)

GIVE MEANING