



UACCM
FOUNDATION BOARD

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

DIRECTED PURPOSE

I/we wish for our gift to be used for the following directed purpose:

UACCM Annual Fund

Other- Please contact the UACCM Development Office to discuss other possibilities for directed purpose donations

DONOR INFORMATION

I/we understand that UACCM will allow this commitment to be modified or terminated in the event of unforeseen circumstances.

Name: _____

(Please print your name(s) as it should appear for recognition.)

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: _____

(Co-Signer)

Date: _____

Signature: _____

(Receiver)

Date: _____