



UCA Faculty Staff Giving Form

LEAD THE CHARGE. HELP CHANGE LIVES.

BECOME A TORCHBEARER TODAY

UCA.EDU/TORCHBEARERS

Name: _____

Address: _____

City/State/Zip: _____

Department: _____

Phone: _____ SSN: _____

UCA ID: _____ I am: Faculty Staff

Is your spouse/partner employed at UCA: Yes No

I Would Like My Gift to Benefit:

You may choose multiple funds. Please indicate the amount you'd like to be deducted per fund.

UCA Fund Emergency Student Scholarship

Specific dept. or fund: _____

Type of Donation

Payroll Deduction

I hereby authorize the Human Resources Office of the University of Central Arkansas to deduct \$_____ per month (\$_____ per pay period) from my salary to be placed in the fund specified above. Effective the following dates:

Beginning pay period _____ (M/D/YR)

Until further notice Ending pay period _____ (M/D/YR)

Signature: _____

Single Contribution

I/we wish to make a gift of \$ _____

Giving Options

Check made payable to the UCA Foundation

Please charge my credit card: Visa Mastercard Discover AMEX

Card Number: _____ Exp: _____ CVV: _____

Signature: _____ Print name: _____

Please submit this form to: UCA Foundation, UCA Box 4986, Conway, AR 72035