

GIVE NOW

Name: _____ Maiden Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

- I have included the UCA Foundation in my estate plan.
- I would like to receive more information about including the UCA Foundation in my estate plan.

GIFT DETAILS:

I would like to give \$50 \$75 \$125 \$500 Other \$ _____
to be used for UCA Annual Fund Other _____

- My gift will be made one time
- My gift will be monthly until future notice (*must sign up online at uca.edu/give or with card on this form*)
Beginning (month/Year) _____
- My gift will be paid in installments of \$ _____
 Monthly Quarterly Semi-Annually Annually
Beginning (MM/YYYY) _____ and ending (MM/YYYY) _____

PAYMENT INFORMATION:

- Check enclosed – payable to the UCA Foundation, memo line: Fund Name
- Charge my credit card Visa Discover MasterCard American Express
Card Number: _____ EXP Date: _____ CVV: _____ (3 digits on back of card)

Date: _____ Signature: _____

Return this form to: UCA Foundation, Inc.
Buffalo Alumni Hall, UCA Box 4986 , Conway, AR 72035
For additional information please call (501) 450-5698



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