



MEMBERSHIP FORM



Date: _____ I am a: _____ New Member _____ Renewing Member

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

How did you hear about us? _____

This membership is a gift for _____

Please select membership type:

- ____ Alumna, 1-5 years post-graduation: \$250 annual gift
- ____ Alumna, 6-9 years post-graduation: \$500 annual gift
- ____ Alumna, 10+ years post-graduation: \$1,000 annual gift
- ____ Friend: \$1,000 annual gift
- ____ U of A Membership (faculty, staff or spouses): \$500 annual gift
- ____ Lifetime Membership: \$10,000 pledge (\$2,000/year for 5 years)

**Personalized payment plans available using bank draft.*

I will be making my gift by:

____ **Check** made payable to the UA Foundation.
Amount: \$ _____

____ **Credit card or automatic bank draft.** Please call Carol Cooper (479)575-4698 or Becky Alverson (479)575-4453.

____ **Online** at <https://onlinegiving.uark.edu/>. Please mail or email this form to the address below for our records.

If not paid in full, please explain your payment plan here: _____

____ Please contact me about **automatic payroll deduction (faculty/staff only)**.

____ Please contact me about making a **gift of appreciated stocks or securities**.

____ My company participates in a **gift matching program**.

Company Name: _____

Work Email: _____ Employee ID: _____

No goods or services will be provided for this gift. Please keep a copy of this form for your records.

Complete and return to: Carol Cooper, 218 University House, 1002 W. Maple Street, Fayetteville, AR 72701 or email to wgc@uark.edu. More information available at <https://womens-giving-circle.uark.edu/>