



UACCM
FOUNDATION BOARD

1537 University Boulevard
Morrliton, AR 72110

501-977-2085 Phone
501-977-2134 Fax

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)

Cell Phone: _____ **Work Phone:** _____

Email Address: _____

I/We Wish To Remain Anonymous.

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

- Workforce Training Center
- Maintenance Endowment
- Scholarship Endowment
- Clock Tower Fund
- Greatest Need
- Other- Please contact the UACCM Development Office to discuss other possibilities for directed purpose donations

SIGNATURES
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Signature: _____ **Date:** _____

Signature: _____ **Date:** _____
(Co-Signer)

Signature: _____ **Date:** _____
(Receiver)