



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)

**Monthly payment plans available*

Please select your gift method:

____ **Check** made payable to the UA Foundation.

Amount: \$ _____

____ **Online** at <https://onlinegiving.uark.edu/>. Select Women's Giving Circle as designation. Option to split membership into monthly installments available online.

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 **automatic bank draft**.

____ 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: _____

Email completed form to wgc@uark.edu.

Questions? Call Emily at (501) 916-2021 or visit <https://womens-giving-circle.uark.edu/>.

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