



FOR OFFICE USE ONLY  
Date Received \_\_\_\_\_

**Letter of Intent**

*Please accept my commitment of support to the University of Central Arkansas.*

Total Commitment: \$ \_\_\_\_\_  
 Paid Herewith: \$ \_\_\_\_\_  
 Balance: \$ \_\_\_\_\_

- Direct my support to the Margin of Excellence Fund.  
(THIS FUND SUPPORTS THE UNIVERSITY'S AREA OF GREATEST NEED.)
- Direct my support to: \_\_\_\_\_

The balance will be paid over the next \_\_\_\_\_ year(s) according to the following payment schedule to begin on \_\_\_\_\_ DATE.

\$ \_\_\_\_\_ monthly      \$ \_\_\_\_\_ quarterly      \$ \_\_\_\_\_ annually

- My company has a matching gift program.

**PAYMENT METHOD (CHECK ONE):**

- My gift to the Centennial Campaign for UCA is enclosed.  
(PLEASE MAKE CHECKS PAYABLE TO THE **UCA FOUNDATION**.)
- I will make my gift through a UCA payroll deduction.
- I will make my gift online at [www.uca.edu/campaign](http://www.uca.edu/campaign).
- Please send me a reminder according to the schedule I selected above.
- Please draft my gift from my checking account according to the schedule I selected above.  
(ENCLOSED IS A VOIDED CHECK WITH MY BANK NAME AND ACCOUNT NUMBER.)
- I would like to make a gift of securities, real estate or other appreciated assets.  
(A UCA REPRESENTATIVE WILL CONTACT YOU.)
- I would like to receive more information about including UCA in my estate plan.
- Please draft my gift from my credit card according to the schedule I selected above.

- Visa                       MasterCard
- American Express       Discover

\_\_\_\_\_  
CARD NUMBER  
\_\_\_\_\_  
EXPIRATION DATE

NAME (PLEASE PRINT) \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_