

UA Fort Smith
FOUNDATION, INC.



*Yes, I want to help establish the
Lucille Speakman Legacy Endowment!*

I would like to participate by giving...

\$25 \$50 \$75 \$100* Other: _____

Name(s) of faculty member(s) you wish to honor:

Comments:

(for use in publications listing honored faculty members)

P.O. Box 3649
Fort Smith, AR 72913
(479) 788-7020
(800) 532-9094
athomas@uafortsmith.edu

** With a gift of \$100 or more, the name of the faculty
member you designate will appear on a
special plaque on campus.*

Name: _____ email: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Method of Payment:

My check made out to "UA Fort Smith Foundation, Inc." is enclosed.

Please charge my gift to my: VISA Mastercard Discover Card

Card #: _____ Expiration Date: _____

Signature: _____ 3-Digit Code: _____

My gift will be matched by my employer

(Your personnel office will provide you with the necessary information and forms.)

Additional Information:

I would like more information on how I could make a gift through my will, trust, or estate plan.

I have included the UA Fort Smith Foundation, Inc. in my will, trust, or estate plan.

Please remove my name from your mailing list.

Please update my contact information.