



University
of Arkansas
RICH MOUNTAIN
FOUNDATION

Donation Form

First Name: Middle Initial: Last Name:

Mailing Address:

City: State: Zip Code:

Home Phone: Cell Phone:

E-Mail Address:

• I would like to contribute the following amount: \$

• I wish to use the following method to pay for my pledge (check option below):

☐ Paypal ☐ Check ☐ Cash

☐ I would like to use payroll deduction - UA Rich Mountain Employees
(Contact office for payroll deduction form)

☐ I would like my contribution to support the following:

☐ A previously established fund:

☐ I would like to establish a designated fund – please contact me to discuss options

☐ Equipment Needs:

☐ The UA Rich Mountain Foundation Unrestricted Fund for operations

☐ Memorial/Tribute gift:

Signature: Date:

Please return this form to the UA Rich Mountain Foundation Office.

1100 College Drive | Mena, Arkansas 71953
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