

MEMBERSHIP FORM



| Date: | l am a: | New Member | Renewing Member | |
|---|--|--------------------------|---|--|
| Name: | | | | |
| | | | | |
| | | | Zip: | |
| Email:Phone: | | | | |
| How did you hear abou | ıt us? | | | |
| | | | | |
| Please select members | hip type: | | | |
| Alumni, 6-9 years Alumni, 10+ years Friend: \$1,000 anr | post-graduation: \$250 ann post-graduation: \$500 annu post-graduation: \$1,000 an hual gift p (faculty, staff or spouses) | ial gift inual gift | | |
| *Monthly payment plans | available | | | |
| Please select your gift | method: | | | |
| Check made paya | ble to the University of Ark | ansas Foundation, Inc. | | |
| Mail to: Universit | y of Arkansas School of Law | v, Office of Developmer | nt, 1045 W Maple St, Fayetteville, AR 72701 | |
| Online at <u>https://</u> | onlinegiving.uark.edu/. Ind | icate Law Dean's Giving | Circle in Comments Box | |
| Option to split m | embership into monthly in | stallments available on | line. | |
| If not paid in full, please | e explain your payment pla | n here: | | |
| Please contact me | e about automatic payroll c | leduction (faculty/staff | only). | |
| Please contact me | e about automatic bank dra | aft. | | |
| Please contact me | e about making a gift of app | preciated stocks or secu | rities. | |
| My company part | icipates in a gift matching p | program. | | |
| Company Name | e: | | | |
| Work Email: | | Employee ID: | | |

Email completed form to colley@uark.edu.

Questions? Call Erin Fellerat (479) 575-3468 or email at feller@uark.edu.

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