



I/we hereby donate/pledge to the University of Arkansas Cooperative Extension Service for the benefit of LeadAR the total sum of \$ \_\_\_\_\_

\_\_\_\_\_  
Name(s) (Please Print)

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone:

\_\_\_\_\_  
Preferred e-mail address

**Class** \_\_\_\_\_

**Payment Method:**

**Check**                    \$ \_\_\_\_\_ **Checks should be made payable to UA Cooperative Extension Service**

**Credit Card**            To donate via credit card, please contact the Financial Services office at 501-671-2052 and **reference account # 17456**

**Online Banking**    Add **UA Cooperative Extension Service** as a "Person"

Account #: 17456

**UA Cooperative Extension Service**

**ATTN: LeadAR**

Address: **2301 S University Ave  
Little Rock, AR 72204**

**Pledge with reminders mailed**

Please invoice me/us:  Monthly  Quarterly  Semi-annually  Annually

Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

**Pledge/Gift Payment Schedule:**

Total Gift/Pledge        \$ \_\_\_\_\_

Gift enclosed today        \$ \_\_\_\_\_

**Balance due\***                \$ \_\_\_\_\_

**Maximize your gift with an employer's  
Matching gift program**

My gift is eligible for a matching gift from

\_\_\_\_\_

**Mail to: LeadAR, UA Cooperative Extension Service, 2301 S University Ave, Little Rock, AR 72204**