



THE OFFICE OF UNIVERSITY DEVELOPMENT

Anonymous Gift Transmittal Form for Checks, Cash, or Credit Card Deposits.

DELIVER TO: GIFT SERVICES 300 UNIVERSITY HOUSE UNIVERSITY OF ARKANSAS FAYETTEVILLE, AR 72701 PHONE: 479.575.5507 FAX: 479.575.4881

Donor Information

Name: _____ Advance ID: _____
Street: _____ City: _____ State: _____ Zip: _____
Address Type: Home Business Donor is a (an): Individual Joint w/ Spouse Corp., Found., Org.
Recognition/ soft credit should be given to other entity:
Name: _____ Advance ID: _____
Name: _____ Advance ID: _____
Name: _____ Advance ID: _____

HARD ANONYMOUS

SOFT ANONYMOUS

Applied to an anonymous donor record. Giving will not appear on the donor record. Donor will not receive any form of giving credit, and will not be part of any giving societies.

Applied to the donor record. Giving will show as "Anonymous" on all reports.

Gift Information

Gift To: Foundation Advance Account Number: _____ (Advance Account numbers are ALWAYS 8 digits)
University Advance Account Name: _____

Cash Totals: # of Gifts: _____ Gift Amount: _____ Total Cash Amount: _____
Check Totals: # of Gifts: _____ Gift Amount: _____ Total Cash Amount: _____
Credit Card Information: For Credit Card Transactions please direct calls to gift services at 479-575-7209 or please visit our website onlinegiving.uark.edu for Foundation gifts and capitalprojects.uark.edu for University gifts.

Gift Details

Appeal Code: _____ Proposal No. _____ Pledge Payment: Y / N Index No. _____
Donor's Employer: _____ Employer ID: _____ Matching form included: Y / N
Special Gift Instructions: _____

In Memory/ Honor Of...

Gift in Memory or Honor of (name): _____ Advance ID: _____
For Memorial/Honor Gifts notify (name): _____ Advance ID: _____
Street: _____ City: _____ State: _____ Zip Code: _____

Acknowledgement of gift has been or will be sent to donor by:
(Name) _____ (Date) _____

Note: Gift Services will acknowledge and receipt all donors. All memorial gifts will also be acknowledge by Associated VC of development.

Special Instructions: _____

College/ Unit Development Approval:

Signature _____ Date _____

Received stamp and date (for Gift Services use only)

Form Completed By: _____
College/ Unit: _____ Date: _____
Email Address: _____
Telephone: _____ Campus Address: _____