



THE OFFICE OF UNIVERSITY DEVELOPMENT

Gift Correction 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

Original Gift Processing Information

Name: _____ Advance ID: _____ Date: _____
Street: _____ City: _____ State: _____ Zip: _____
Address Type: Home Business Donor is a (an): Individual Joint w/ Spouse Corp., Found., Org.
Gift Allocated To: Foundation University Advance Account Number: Advance Account Name: _____
Recognition/ soft credit was given to other entity/entities: Matching gift? Y / N
Name: _____ Advance ID: _____
Name: _____ Advance ID: _____
Memorial/ Honor recipient (name): _____ Advance ID Number: _____
Advance receipt/transaction number: _____ Transaction date: _____

Correction Information

Change Donor Information To:
Name: _____ Advance ID: _____ Date: _____
Street: _____ City: _____ State: _____ Zip: _____
Address Type: Home Business Donor is a (an): Individual Joint w/ Spouse Corp., Found., Org.
Change Gift Allocation To:
Account Name: _____ Advance Account Number: _____
Add Matching Gift from (Company name) _____ Advance ID: _____
Delete or Add recognition/ soft credit for:
Name: _____ Advance ID: _____
Name: _____ Advance ID: _____
Change Memorial/ Honor To:
Memorial/ Honor recipient (name): _____ Advance ID Number: _____
Notify memorial/Honor gift (name): _____ Address: _____
Comments: _____

College/ Unit Development Approval:

Signed: _____
Date: _____ Phone: _____

For Gift Services use only

Received stamp and date: _____
Correction in GB No.: _____
Record date: _____ Date closed: _____
Foundation notified: Y - N/A Notification date: _____
Changes entered by: _____

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