



THE OFFICE OF UNIVERSITY DEVELOPMENT

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

DELIVER TO: GIFT ADMINISTRATION 481 S. SHILOH DR. UNIVERSITY OF ARKANSAS, FAYETTEVILLE, AR 72704 PHONE: 479.575.7970 EMAIL: GIFTREPT@UARK.EDU

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

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 Administration at 479-575-7970 or please visit our website fundrazor.uark.edu.

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:

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

(Name) _____ (Date) _____ Special Instructions: _____

College/ Unit Development Approval:

Signature _____ Date _____

Received stamp and date (for Gift Administration use only)

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