



UNIVERSITY OF ARKANSAS

THE OFFICE OF UNIVERSITY DEVELOPMENT
Anonymous Quid Pro Quo Gift Transmittal Form
for Checks, Cash or Credit Card Deposits.

DELIVER TO:
GIFT ADMINISTRATION
481 S. SHILOH DR.
UNIVERSITY OF ARKANSAS
FAYETTEVILLE, AR 727014
PHONE: 479.575.7970 EMAIL:GIFTRPT@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

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.

SOFT ANONYMOUS

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

Gift Information

Gift To: Foundation Advance Account Number:
University Advance Account Name: \_\_\_\_\_

Cash Totals

# of Gifts: \_\_\_\_\_

Gift Amount: \_\_\_\_\_

Total Cash Amount: \_\_\_\_\_

\*Please do not send by campus mail.

Check Totals

# of Gifts: \_\_\_\_\_

Gift Amount: \_\_\_\_\_

Total Cash Amount: \_\_\_\_\_

\*Multiple checks require adding machine tape.

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

In Memory / Honor Of...

Gift in Memory or Honor of:

Name: \_\_\_\_\_ Advance ID: \_\_\_\_\_

For Memorial/Honor Gifts notify:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Acknowledgement of gift has been or will be sent to donor by:

(Name)

(Date)

Note: Gift Administration will acknowledge and receipt all donors. All Memorial gifts will also be acknowledge by Associate VC of Development.

Special Instructions

Gift Details

Appeal Code: \_\_\_\_\_ Proposal No. \_\_\_\_\_

Pledge Payment: Y / N Index No. \_\_\_\_\_

Matching form included: Y / N Employer ID: \_\_\_\_\_

Donor's Employer: \_\_\_\_\_

Special Gift
Instructions

Premium Information

Amount of premium: \_\_\_\_\_

Description of Premium:

College/ Unit Development Approval:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Received Stamp and Date (for Gift Administration use only)

Form Completed By: \_\_\_\_\_

College/ Unit: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Campus Address: \_\_\_\_\_