



THE OFFICE OF
UNIVERSITY DEVELOPMENT
Gift in Kind Transmittal Form

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

Gift Information

Gift To: Foundation Advance Account Number: _____
 University Advance Account Name: _____

Describe Property (attach additional page if necessary):

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 Administration will acknowledge and receipt all donors.

(Name) (Date)
 Special Instructions

Received stamp and date (for Gift Administration use only)

**If the University paid anything for this gift, please
 notify the department of Planned Giving
 for the proper tax receipt.**

College/ Unit Development Approval:

Signed: _____ Date: _____

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