



THE OFFICE OF UNIVERSITY DEVELOPMENT

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:
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/entities:

Name: _____ Advance ID: _____

Name: _____ Advance ID: _____

Name: _____ Advance ID: _____

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: _____

*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 for Foundation gifts.

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. 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. _____

Donor's Employer: _____ Matching: Y / N

Special Gift Instructions: _____

Received stamp and date (for Gift Administration use only)

College/ Unit Development Approval:

Signature

Date

Form Completed By: _____ College/ Unit: _____ Date: _____

Email Address: _____ Telephone: _____ Campus Address: _____