



UNIVERSITY OF ARKANSAS

THE OFFICE OF UNIVERSITY DEVELOPMENT

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 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/entities:
Name: _____ Advance ID: _____
Name: _____ Advance ID: _____
Name: _____ Advance ID: _____

Gift Information

Gift To: Foundation Advance Account Number: _____ (Advance Account numbers are ALWAYS 8 digits)
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
Card Type: Visa MC Discover AMEX
Card #: _____
Expiration Date: ____ / ____
Gift Amount to be charged: \$ _____
*Multiple transactions require separate credit card sheets.

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:
(Name) (Date)
Note: Gift Administration will acknowledge and receipt all donors. All memorial gifts will also be acknowledge by Associate VC of Development.

Gift Details
Appeal Code: _____ Proposal No. _____
Pledge Payment Y / N Index No. _____
Donor's Employer: _____
Donor's Employer ID: _____
Matching: Y / N Form Included: Y / N
Special Gift Instructions:

Premium Information
Amount of premium: _____ Benefits accepted? Y / N Benefits can be decline at the moment of payment, NEVER after the event.
Description of Premium

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: _____