UNIVERSITY OF ARKANSAS

THE OFFICE OF UNIVERSITY DEVELOPMENT

Anonymous Gift in Kind Transmittal Form

DELIVER TO:
GIFT SERVICES
300 UNIVERSITY HOUSE
UNIVERSITY OF ARKANSAS
FAYETTEVILLE, AR 72701
PHONE: 479.575.5507 FAX: 479.575.4881

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: _____

☐ **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

Advance Account Name: _____ Advance Account Number: ☐☐ - ☐☐☐☐☐☐

(Advance Account numbers are ALWAYS 8 digits)

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:

_____ (Name) _____ (Date)

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

Special Instructions:

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

College/ Unit Development Approval:

Signature: _____ Date: _____

Form Completed By: _____

College/ Unit: _____ Date: _____

Email Address: _____

Telephone: _____ Campus Address: _____

Received stamp and date (for Gift Services use only)