



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 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:

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 services at 479-575-7209 or please visit our website onlinegiving.uark.edu for Foundation gifts and capitalprojects.uark.edu for University 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 Services 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 Services use only)

Form Completed By: _____

College/ Unit: _____ Date: _____

Email Address: _____

Telephone: _____ Campus Address: _____