UNIVERSITY OF ARKANSAS

GIFT ADMINISTRATION

Gift Correction Form
for Checks, Cash, or Credit Card Deposits.

DELIVER TO:
GIFT ADMINISTRATION
481 S. SHILOH DR
FAYETTEVILLE, AR 72704
PHONE: 479.575.7970
MEIERHOF@UARK.EDU

Original Gift Processing Information

Name: _____ Affiniquest Account ID:_____Date:

Street: _____ City: _____ State: _____ Zip: _____

Address Type: ◯ Home ◯ Business Donor is a (an): ◯ Individual ◯ Joint w/ Spouse ◯ Corp., Found., Org.

Gift Allocated To: ☐ Foundation ☐ University

Affiniquest Designation Number: ☐☐ - ☐☐☐☐☐☐

Affiniquest Designation Name:

Recognition/ soft credit was given to other entity/entities: _____ Matching gift? Y / N

Name: _____Affiniquest Account ID:_____

Name: _____ Affiniquest Account ID: _____

Memorial/Honor recipient (name):_____ Affiniquest Account ID:_____

Affiniquest receipt/transaction number:_____Transaction date:_____

Correction Information

Change Donor Information To:

Name: _____ Affiniquest Account ID:_____ Date: _____

Street: _____ City: _____ State: _____ Zip: _____

Address Type: ◯ Home ◯ Business Donor is a (an): ◯ Individual ◯ Joint w/ Spouse ◯ Corp., Found., Org.

Change Gift Allocation To:

Account Name:_____Advance Designation Number: ☐☐ - ☐☐☐☐☐☐

Add Matching Gift from (Company name)_____ Affiniquest Account ID:_____

Delete ☐ **or Add** ☐ **recognition/ soft credit for:**

Name: _____ Affiniquest Account ID:_____

Name: _____ Affiniquest Account ID:_____

Change Memorial/ Honor To:

Memorial/ Honor recipient (name):_____ Affiniquest Account ID:_____

Notify memorial/Honor gift (name):_____ Address:_____

Comments:

College/ Unit Development Approval:

Signed: _____

Date: _____ Phone:_____

Form Completed By: _____

College/ Unit: _____ Date: _____

Email Address: _____

Telephone: _____ Campus Address: _____

For Gift Administration use only

Received stamp and date:

Correction in GB No.:_____

Record date:_____ Date closed:_____

Foundation notified: Y - N/A Notification date:_____

Changes entered by:_____