



THE OFFICE OF UNIVERSITY DEVELOPMENT

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

DELIVER TO:
GIFT SERVICES
300 UNIVERSITY HOUSE
UNIVERSITY OF ARKANSAS
FAYETTEVILLE, AR 72701
PHONE: 479.575.7970 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: \_\_\_\_\_

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 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.

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 Services use only)

College/ Unit Development Approval:

Signature

Date

Form Completed By: \_\_\_\_\_ College/ Unit: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Campus Address: \_\_\_\_\_