



GIFT ADMINISTRATION

Non-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 Non-Gift Processing Information

Affinquest Designation Number: _____ (Affinquest Designation numbers are ALWAYS 8 digits)

Account Name: _____

Revenue Expense Code: _____ Date submitted: _____ Amount: \$ _____

Was this Non gift approved by tax compliance prior to submission? Y / N

Additional information/Comments: _____

Correction Information

Affinquest Designation Number: _____ (Affinquest Designation numbers are ALWAYS 8 digits)

Change Gift Allocation to (name): _____

Change Revenue Expense to (code number): _____ Date of Request: _____

Additional Information/Comments: _____

Please send this form, along with documentation as to why these changed should be made, to Gift Administration at the address listed above.

Received stamp and date (for Gift Administration use only)

College/ Unit Development Approval:

Signed: _____ Date: _____

Form Completed By: _____ College/ Unit: _____ Date: _____

Email Address: _____ Telephone: _____ Campus Address: _____

FOR GIFT ADMINISTRATION USE ONLY

Blackbaud entry ID: _____ Date of entry: _____ Date of Notification: _____

Change verified in Blackbaud Y / N Date of verification: _____

Comments: _____