



THE OFFICE OF UNIVERSITY DEVELOPMENT

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

DELIVER TO:
GIFT SERVICES
300 UNIVERSITY HOUSE
UNIVERSITY OF ARKANSAS
FAYETTEVILLE, AR 72701
PHONE: 479.575.507 FAX: 479.575.4881

Original Non-Gift Processing Information

Advance Account Number: (Advance Account 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

Advance Allocation Number: (Advance Account 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 University Development at the address listed above.

Received stamp and date (for Gift Services use only)

College/ Unit Development Approval:
Signed: Date:

Form Completed By: College/ Unit: Date:
Email Address: Telephone: Campus Address:

FOR GIFT SERVICES USE ONLY

Blackbaud entry ID: Date of entry: Date of Notification:
Change verified in Blackbaud Y / N Date of verification:
Comments: