



THE OFFICE OF
UNIVERSITY DEVELOPMENT
Gift in Kind Transmittal Form

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: _____

Gift Information

Gift To: Foundation Advance Account Number: _____
 University Advance Account Name: _____

Describe Property (attach additional page if necessary):

In Memory / Honor Of...

Gift in Memory or Honor of (name): _____ Advance ID: _____
 For Memorial/Honor Gifts notify (name): _____ Advance ID: _____
 Street: _____ City: _____ State: _____ Zip Code: _____

Acknowledgement of gift has been or will be sent to donor by:

(Name) (Date)
 Special Instructions

Note: Gift Services will acknowledge and receipt all donors. All memorial gifts will also be acknowledge by Associate VC of Development.

Received stamp and date (for Gift Services use only)

If the University paid anything for this gift, please notify the department of Planned Giving for the proper tax receipt.

College/ Unit Development Approval:

Signed: _____ Date: _____

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