

**UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
INSTITUTIONAL ADVANCEMENT
GIFT TRANSMITTAL FORM**

Donor ID: _____ Donor Name: _____

Account #: _____ Account Name: _____

Transaction Type: _____

Amount: _____ Method of Payment: _____

Check #: _____ Check/Gift Date: _____

Pledge #: _____ Appeal Code: _____

Anonymous: _____

Premium Amount: _____

Tribute Type: _____ Tribute ID: _____ Tribute Name: _____

Tribute Type: _____ Tribute ID: _____ Tribute Name: _____

Send Notification of Tribute Gift to:

Name: _____

Address: _____

Soft Credit ID: _____ Soft Credit Name: _____

Soft Credit ID: _____ Soft Credit Name: _____

Soft Credit ID: _____ Soft Credit Name: _____

Credit Card Information

Type: _____ Card Number: _____ CVV# _____ Exp: _____

Other Comments: _____

Form Completed by: _____ Date: _____

College/Department: _____ Slot: _____ Phone: _____

Please send this completed form and all related correspondence to the Office of Institutional Advancement #716

If you have any questions regarding this form, please contact out office at 686-8200

*****PLEASE PROVIDE A COPY OF THE CHECK BELOW*****