

University of Arkansas Libraries
365 N. McIlroy Avenue, Fayetteville, AR 72701
Donation Form

Date of Gift: _____

Donor(s): _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Number of items donated: _____

Number of titles: _____

Questions for donor:

What is the estimated value of donation? \$ _____ (required)

(if estimated value is greater than \$5000, see the following links for more information regarding appraisals and tax information : <http://www.irs.gov/publications/p526/index.html> and <http://www.irs.gov/pub/irs-pdf/p561.pdf>)

*Would you like a list of items donated? Yes No (please circle one)

*Would you like an electronic bookplate that can be searched in the catalog? Yes No (please circle one)

*If we do not add your entire gift, would you have us: **return it or recycle?** (please circle one)

Donor signature: _____

FOR LIBRARY USE ONLY

Processing & Acknowledgement

Has tax information been provided to donor? Yes__ No__ (if yes, please initial)_____

Are all items to be processed for the collection? Yes__ No__ If not list items below to be processed

List items below

please describe gift:

Gift Received by: _____ Email or phone _____

ALL FIELDS REQUIRED TO PROCESS FORM

(revised 8/15 sls)