

**UNIVERSITY OF ARKANSAS FOUNDATION, INC.
REQUEST TO CLOSE PROJECT**

Please close the following UA Foundation Project:

PROJECT NUMBER: _____

PROJECT NAME: _____

Reason for closing project: _____

To transfer balance to another Foundation project, please provide the project number and name:

PROJECT NUMBER: _____

PROJECT NAME: _____

AUTHORIZED BY:

PROJECT SIGNATORY: _____

DATE:

Return completed form to:

U of A Foundation, 535 Research Center Blvd., Ste 120 Fayetteville, AR 72701 *
Campus address - INOV 120 * Fax 479-575-2284

FOUNDATION USE ONLY:
REV BY:

DATE: