

DONOR DATA REQUEST FORM

REQUESTOR'S CONTACT INFORMATION		Today's Date: _____
Name: _____		Requested Data Needed By: _____
Email: _____		
Phone: _____		OFFICE USE
Department: _____		*Date Received: _____
		*Assigned To: _____

PURPOSE FOR THIS REQUEST	Event Invitation	Honor Roll	Letter	Newsletter/Report	Phone Call	Solicitation
	Custom: _____					
FORMAT NEEDED	Excel	Word	PDF	Checking this box indicates that your event has been submitted to the Event Approval Committee.		

DATE RANGE (MM/DD/YY)
 Begin: _____
 End: _____

ACTION _____

APPEAL _____

INDICATE ANY DONORS TO BE EXCLUDED

Alumni	Faculty/Staff
Friend	Retirees
Corporation/Business	Foundation Trustees
Foundation	Advisory Board Members

HOW TO HANDLE COUPLES

Combine/Joint: one line/addressed to both

Separate: each addressed individually

Addressed only to one that meets criteria

SPECIAL REQUEST

WHAT INFORMATION DO YOU WANT TO SEE?

Name	Email Address	Last Gift Date	Relationship Manager	AGL
Addressee	Mailing Address	Last Gift Amount	CSU Email Address	MGL
Salutation	Cell Phone	Last Fund	CSU Department	PGL
Nickname	Home Phone	Lifetime Giving Amount	_____	TGR

ADDITIONAL CONSIDERATIONS

Local Residents Only

LYBUNTS _____

SYBUNTS _____

Alumni Degree Alumni Major

4 BOARDS

FDN Trustees

Alumni Board

Athletics Board

Properties Board

NOTES