



# Advancement Services Data Request Form

Project Name: \_\_\_\_\_ Email: \_\_\_\_\_ Date Requested: \_\_\_\_\_  
 Requester: \_\_\_\_\_ Extension: \_\_\_\_\_ (Please allow a minimum of 5-7 business days to complete your request.)  
 College/Dept: \_\_\_\_\_ Date Needed: \_\_\_\_\_

The Office of Advancement Services may require a sample of the communication materials (email, letter, brochure, etc.) that will be developed for each data request.

Criteria

PURPOSE			
<input type="checkbox"/> Solicitation (Appeal Code: _____)	<input type="checkbox"/> Publication	<input type="checkbox"/> Counts Only	<input type="checkbox"/> Public Relations/Communications
<input type="checkbox"/> Event Invitation	<input type="checkbox"/> Affinity Partners	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Data Analysis
<input type="checkbox"/> Survey			
CONSTITUENCIES			
<input type="checkbox"/> Alumni	<input type="checkbox"/> Friends	<input type="checkbox"/> Foundations	<input type="checkbox"/> Religious Organization
<input type="checkbox"/> Non-Degreed Alumni	<input type="checkbox"/> Faculty/Staff	<input type="checkbox"/> Corporations	<input type="checkbox"/> Other Organization: _____
<input type="checkbox"/> Parents	<input type="checkbox"/> Emeriti Fac/Staff	<input type="checkbox"/> BSUAF Board	
<b>Individual Attributes</b>			
<input type="checkbox"/> Major: _____		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Class Year: _____			
<input type="checkbox"/> Sports: _____			
GIFT INFORMATION			
Gift Date Range: From _____ To _____		<input type="checkbox"/> LYBUNT	<input type="checkbox"/> Other: _____
Single Gift Amount: From _____ To _____		<input type="checkbox"/> SYBUNT	
Cumulative Giving: From _____ To _____		<input type="checkbox"/> Non Donors	
Specific Account(s): _____			
GEOGRAPHIC REGION			
City/Cities: _____		State(s): _____	
Zip Code(s): _____		Mile Radius: _____	

Output

DETAILED CONSTITUENT INFORMATION			
<input type="checkbox"/> Raiser's Edge ID#	<input type="checkbox"/> Preferred Address	<input type="checkbox"/> Type of Individual	<input type="checkbox"/> First Gift Date
<input type="checkbox"/> Primary Constituency	<input type="checkbox"/> Canadian	<input type="checkbox"/> Employer	<input type="checkbox"/> First Gift Type (cash, pledge, etc.)
<input type="checkbox"/> Assigned Solicitor	<input type="checkbox"/> Previous Winners	<input type="checkbox"/> Professional Title Employment	<input type="checkbox"/> First Gift Amount
<input type="checkbox"/> Prefix	<input type="checkbox"/> Preferred Phone	<input type="checkbox"/> Address (if available) Employment	<input type="checkbox"/> First Gift Designation
<input type="checkbox"/> First Name	<input type="checkbox"/> Preferred Email Spouse	<input type="checkbox"/> Phone (if available) Employment	<input type="checkbox"/> Largest Gift Amount
<input type="checkbox"/> Middle Name	<input type="checkbox"/> Raiser's Edge ID# Spouse	<input type="checkbox"/> Email (if available) Last Gift Date	<input type="checkbox"/> Lifetime Number of Gifts
<input type="checkbox"/> Maiden Name	<input type="checkbox"/> Name	<input type="checkbox"/> Last Gift Type (cash, pledge, etc.)	<input type="checkbox"/> Lifetime Giving Amount
<input type="checkbox"/> Last Name	<input type="checkbox"/> Class of	<input type="checkbox"/> Last Gift Amount	<input type="checkbox"/> Organization Contact Name
<input type="checkbox"/> Suffix	<input type="checkbox"/> Graduation Date College	<input type="checkbox"/> Last Gift Designation	<input type="checkbox"/> Add Appeal Code
<input type="checkbox"/> Primary Salutation	<input type="checkbox"/> Preferred Degree		
<input type="checkbox"/> Primary Addressee	<input type="checkbox"/> Major		
<input type="checkbox"/> Joint Addressee			
<b>Sort Order:</b>		<b>Exclude:</b>	
<input type="checkbox"/> Zip Code	<input type="checkbox"/> Do Not Solicit by Mail	<input type="checkbox"/> Gift at Certain Levels/Recency	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Alpha Order (Last Name)	<input type="checkbox"/> Do Not Solicit by Email	<input type="checkbox"/> Board members, please specify: _____	
<input type="checkbox"/> State Order	<input type="checkbox"/> Do Not Solicit by Phone	<input type="checkbox"/> Assigned Donors	
<b>*Standard exclusions on all requests: No mail, deceased, inactive addresses, and international addresses.</b>			
<b>Additional Instructions:</b> _____			
_____			
_____			

Depending on the complexity of your request and the volume of current projects, please allow at least 5-7 business days to complete your request. If you decide to change your criteria after the list has been processed, allow 3 additional business days to re-process.

In adherence with privacy policies and procedures, all information is highly confidential and must not be released to any person or organization outside of the University. I have read and understand the above statements and agree to abide by the policy and procedures set forth.