

ALUMNI FOUNDATION INFORMATION REQUEST

Please allow 5 working days for request to be completed.

Questions call Diane Hill at 477-2244 or Katie Lerohl at 477-5929

Or email us at hilldi@mnstate.edu, lerohl@mnstate.edu

Request Number _____

Date Received _____

REQUESTOR:

Name _____ Department _____ Email Address _____

Phone _____ Date Requested _____ Date Needed _____

Date of Mailing (used to provide you with the most up-to-date addresses) _____

Send to (If other than Requestor): _____

NOTE: We will make every effort to complete your request within a week. Larger projects such as phonathons and special reporting will require more notice. Please coordinate fundraising activities with the Director of Annual Giving.

Purpose (circle one): fundraising, reunion, event, newsletter, fundraising report, other (explain)

General Description (use back of this form if necessary):

SELECTION CRITERIA:

Grad Years _____

College (use if you are requesting all departments within a college) _____

Departments (use if you did not fill in College above)

Major(s) _____

Degrees _____

Alumni Activities (i.e., sports, clubs, awards) _____

States _____ USA Only? _____

Zip Code Radius _____

Gift Information: Date range: _____

Funds: _____

Appeals (please attach the appropriate solicitation materials)

Please list all exclusions: _____

OUTPUT INFORMATION: Please check the information you would like

One per house: ___ Maiden Name: ___ Phone Number: ___ E-Mail: ___ Grad Date: ___ Major: ___

Gift Information _____ Other _____

Addressee Information (Please Choose One): Constituent Name only _____ Constituent and Spouse _____

Do you need a salutation? _____

Sort: (If more than one, number in order of importance) Alpha by Name: ___ Zip Code: ___

Grad Yr ___ ascending? ___ descending? ___ Gift Size ___ ascending? ___ descending? ___

Gift Date ___ ascending? ___ descending? ___

Format: Printout _____ List in Label Format _____ Gummed Labels _____ File for mail merge _____

File for Outside Vendor: Disk (csv) ___ Email Attachment ___ FTP ___ Other _____

Special Instructions: _____

Assigned to: _____

Date Completed: _____