

## Raiser's Edge Request Form

*Please allow 3 working days for request to be completed. I will make every effort to complete your request within that time. Larger projects may require more notice.*

**Date Requested:** \_\_\_\_\_ **Date Needed:** \_\_\_\_\_

**Requested By:** \_\_\_\_\_

**Send To:** (if other than requestor) \_\_\_\_\_

**Purpose:** Exhibit Invitations  Fundraiser  Newsletter  Other (explain)  \_\_\_\_\_

**Date of Mailing:** (needed for appeal info on each record) \_\_\_\_\_

**Types of Records:** *check one* Individuals  Organizations  Both

**Selection Criteria:** *check all that apply. If you want to target a certain region or county/counties, please note the region or county here and circle the groups below that this should apply to. If not circled, the entire state will be included for that particular group.*

Board  Honorary Board  County Captains  Exhibit Participants  Volunteers   
Survivors  Support Groups  Auxiliary  Donors  (minimum amount? \_\_\_\_\_)  
KBCC Sponsors  (current year?  all years?  Friends Box Recipients   
ITCO Researchers  (current year?  all years?  Survivor Stories  All Residents   
Exhibit Committee  (which? \_\_\_\_\_) PA Medical Facilities   
Scientific Training Participants  (current year?  all years?  Survivor Spotlights   
Other (please explain) \_\_\_\_\_

**Preferred Contact(s):** *check all that apply*

Solicitation contacts are those we send solicitation letters to. Main contacts are used for organizations we do not solicit. Secondary contacts are usually human resources or clerical staff. Facilitators are used for support groups. STAR Program Coordinators are usually nurses. STAR Principal Investigators are usually doctors.

All  Solicitation  Main  Secondary  Facilitator  STAR PC  STAR PI

**(OVER)**

**Output Information:** *check all that apply*

Primary Address  Home Address  Business Address  Phone Number(s)   
Email  Other (please explain) \_\_\_\_\_

---

**Sorted By:** *(if more than one, number in order of importance)*

Alpha by Name \_\_\_\_\_ Zip Code \_\_\_\_\_ Gift Size \_\_\_\_\_ ascending \_\_\_\_\_ descending \_\_\_\_\_  
Gift Date \_\_\_\_\_ ascending \_\_\_\_\_ descending \_\_\_\_\_

**Exclude:** *check all that apply*

Bad Address  Deceased  Do Not Mail  Do Not Solicit   
Other  \_\_\_\_\_

---

**Preferred Addressee:** *check one*

Mr. & Mrs. John Smith  Mr. John Smith  John Smith  N/A

**Preferred Salutation:** *check one*

Dear Mr. & Mrs. Smith  Dear Mr. Smith  Dear John  N/A

**Preferred Format:** *check one*

Printout  *(choose one)* Electronic  *(choose one)*  
Excel  Excel   
List in Label Format  File for Word Mail Merge   
Actual Labels  Other  \_\_\_\_\_  
Other  \_\_\_\_\_

**Comments/Special Instructions** \_\_\_\_\_

---

---

---

**For Systems Director Use Only**

Export Name \_\_\_\_\_ Data File Name \_\_\_\_\_

Date Completed \_\_\_\_\_ Comments \_\_\_\_\_

---

---