

Madlyn and Leonard Abramson Center for Jewish Life
Communications and Donor Services Department
Raiser's Edge Report, Export and/or Label Request

Selection Criteria:

- Constituency: Board Auxiliary Donors
 Solicitors Auxiliary Board Volunteers
 Synagogues Rabbis Board of Rabbis
 Abramson residents Residence families only Residence responsible parties
 Inn residents Inn families only Inn responsible parties
 Project SHEMA Employees
 Inquiries for _____ the Inn _____ the Residence _____ Day Care
 Other

Constituent with spouses Without spouses

Zip Code Ranges _____
Counties _____
Cities _____
States _____

Please provide description of donors/prospects with specific transaction information:

By fund _____ By year _____
By transaction type gift pledge pledge payment
Other: _____

Address Criteria

Type: home work preferred current based on date (seasonal) Telephone

Report/Label format

Type of label: Avery _____
Include on label: Name Address Phone Constituency Other _____

Export format:

To be exported as DBF TXT CSV (Comma Separated Values)
 Excel Word

Sort Order: Alphabetical Zip Code Other _____

Please describe what kind of report you are looking for: (i.e. donors who gave over \$1000 this year, all donors for zip code 19454, all volunteers, family members who have made a donation) _____

Please describe what information you would like on report: _____

Purpose of Request _____
Submitted by: _____

Delivery Options: Pick Up Inter-office Mail E-mail
Request Date: _____ Desired Date of Delivery _____

Please allow a minimum of 2 business days for a request. We will happily deliver earlier when possible!

Do not write below this line.

Completed by: _____ Date Completed: _____

Criteria Name: _____