

Advancement Services Data Request Form

Project Name: _____ Email: _____ Date Requested: _____
 Requester: _____ Extension: _____ Date Needed: _____
 College/Dept: _____ Dean or VP Signature: _____ (Please allow a minimum of 10-15 business days to complete your request.)

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

PURPOSE			
<input type="checkbox"/> Solicitation (Appeal Code: _____ Overall Dollar Goal: \$ _____)			
<input type="checkbox"/> Event Invitation	<input type="checkbox"/> Publication	<input type="checkbox"/> Counts Only	<input type="checkbox"/> Public Relations/Communications
<input type="checkbox"/> Survey	<input type="checkbox"/> Affinity Partners	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Data Analysis
CONSTITUENCIES			
<input type="checkbox"/> Alumni	<input type="checkbox"/> Past Parent (If Available)	<input type="checkbox"/> Foundations	<input type="checkbox"/> Religious Organization
<input type="checkbox"/> Non-Degreed Alumni	<input type="checkbox"/> Friends	<input type="checkbox"/> Corporations	<input type="checkbox"/> Other Organization: _____
<input type="checkbox"/> Parents	<input type="checkbox"/> Faculty/Staff	<input type="checkbox"/> Fundraising Consortia	
Individual Attributes	Affiliations/Committees		
<input type="checkbox"/> Elected Official	<input type="checkbox"/> Alumni Association Members	<input type="checkbox"/> Alumni Advisory Council	<input type="checkbox"/> CNBS Advisory Board
<input type="checkbox"/> Emeritus Faculty	<input type="checkbox"/> Credentialed Alumni (if available)	<input type="checkbox"/> CBAPP Advisory Council	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Emeritus Staff	<input type="checkbox"/> Leo Cain Society Member	<input type="checkbox"/> CSUDH Philanthropic Foundation Board Member	
<input type="checkbox"/> Emeritus Staff/Faculty Assoc. Member	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> CSUDH Foundation Board Member	
<input type="checkbox"/> Emeritus Faculty Assoc., Exec. Committee	<input type="checkbox"/> Graduate		
GIFT INFORMATION			
Gift Date Range: From _____ To _____	<input type="checkbox"/> FYBUNT		
Single Gift Amount: From _____ To _____	<input type="checkbox"/> LYBUNT		
Cumulative Giving: From _____ To _____	<input type="checkbox"/> SYBUNT		
Specific Account(s): _____	<input type="checkbox"/> Non Donors		
GEOGRAPHIC REGION			
City/Cities: _____	State(s): _____		
Zip Code(s): _____	Mile Radius: _____		
DETAILED CONSTITUENT INFORMATION			
<input type="checkbox"/> Raiser's Edge ID#	<input type="checkbox"/> Annual Giving Addressee	<input type="checkbox"/> Type of Individual	<input type="checkbox"/> First Gift Date
<input type="checkbox"/> Primary Constituency	<input type="checkbox"/> Preferred Address	<input type="checkbox"/> Type of Board	<input type="checkbox"/> First Gift Type (cash, pledge, etc.)
<input type="checkbox"/> Assigned Solicitor	<input type="checkbox"/> Preferred Phone	<input type="checkbox"/> Employer	<input type="checkbox"/> First Gift Amount
<input type="checkbox"/> Prefix	<input type="checkbox"/> Preferred Email	<input type="checkbox"/> Professional Title	<input type="checkbox"/> First Gift Designation
<input type="checkbox"/> First Name	<input type="checkbox"/> Spouse Raiser's Edge ID#	<input type="checkbox"/> Employment Address (if available)	<input type="checkbox"/> Largest Gift Amount
<input type="checkbox"/> Middle Name	<input type="checkbox"/> Spouse Name	<input type="checkbox"/> Employment Phone (if available)	<input type="checkbox"/> Lifetime Number of Gifts
<input type="checkbox"/> Last Name	<input type="checkbox"/> Class of	<input type="checkbox"/> Employment Email (if available)	<input type="checkbox"/> Lifetime Giving Amount
<input type="checkbox"/> Suffix	<input type="checkbox"/> Graduation Date	<input type="checkbox"/> Last Gift Date	<input type="checkbox"/> "Wealth Engine" Stats
<input type="checkbox"/> Primary Salutation	<input type="checkbox"/> College	<input type="checkbox"/> Last Gift Type (cash, pledge, etc.)	<input type="checkbox"/> Organization Contact Name
<input type="checkbox"/> Primary Addressee	<input type="checkbox"/> Preferred Degree	<input type="checkbox"/> Last Gift Amount	<input type="checkbox"/> Honor Roll Salutation
<input type="checkbox"/> Joint Addressee	<input type="checkbox"/> Major	<input type="checkbox"/> Last Gift Designation	
Sort Order:	Exclude:		
<input type="checkbox"/> Zip Code	<input type="checkbox"/> Do Not Solicit by Mail	<input type="checkbox"/> Opt Out of Affinity Partners	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Alpha Order (Last Name)	<input type="checkbox"/> Do Not Solicit by Email	<input type="checkbox"/> Gift at Certain Levels	
<input type="checkbox"/> State Order	<input type="checkbox"/> Do Not Solicit by Phone	<input type="checkbox"/> Board members, please specify: _____	
*Standard exclusions on all requests: No mail, deceased, inactive addresses, and international addresses.			
Additional Instructions: _____			
Depending on the complexity of your request and the volume of current projects, please allow at least 10-15 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.

SUBMIT

Clicking submit will email a copy of this form as a new data request to the Office of Advancement Services.