



Raiser’s Edge Information Request

Request Date: ____/____/20____

Name: _____

Department: _____

Phone: _____ Email: _____

Date Needed by*: ____/____/20____

*Please allow at least 5 business days for completion- Emergency requests will be accommodated as the processing schedule allows.

Purpose:

(What will this information be used for? i.e. Mailing List, Solicitation, Newsletter, etc.)

Zip Codes to Include (**for Zip Code Queries only**):

Explanation of Request: (What defines the list and qualifies those on it?)

Please be as specific as possible (i.e. All of the Alumni who have given donations since 1995.)

Constituency Groups that the list will be based on: check those to INCLUDE

Individuals (check this box if you want to include all individuals)

- | | |
|----------------------------|---------------------------|
| Alumnus | NWSA Alumnus (2 + 4 Year) |
| Alumnus (NWSA High School) | MDC Staff |
| Foundation Board Members | MDC Faculty |
| Trustees | Friends |
| NWSA Board Members | Students |

Corporations

Foundations

Other Organizations

All Groups Listed Above (check this box if you want to include all constituencies)



EXCLUSIONS

Specific Details to EXCLUDE (if not checked these attributes will be included):

Deceased Individuals

Invalid Address (Constituents with no valid address)

No Telephone Number (Constituents with no recorded phone #)

No Email Address (Constituents with no recorded email)

Solicit Codes you wish to EXCLUDE from list:

“Do Not Call”

“Do Not Contact”

“Do Not Email”

“Do Not Mail”

“Do Not Mail Magazine”

“Do Not Phone on Weekends”

“Do Not Release to Outside Sources”

“Do Not Solicit”

“SAG List” (State Attorney General’s “Do Not Call” List)

OTHER EXCLUSIONS (please describe below)



OUTPUT FORMAT

OUTPUT (the information you want displayed in your report/list)

Please check ALL that apply:

ID (Raiser’s Edge ID)

Constituency Code

Last Name

First Name

Spouse’s First Name

Salutations/Addressee: *(This section relates to the salutations for a letter and the addressee for the outside of an envelope or piece of mail.):*

Addressee (example: Mr. John B. Doe)

Salutation (example: Mr. Doe)

All name components (i.e. Title, First Name, Middle Initial, Last Name, Suffix)

Address output will include address, city, state, and zip (country optional)

Preferred Address

Business Address

Home Phone

Business Phone

Email Address

Employer

Profession

Position/Title

Assigned Solicitor (if currently assigned a solicitor)

Giving Information:

Giving History (SUMMARY)

Largest Gift

Last Gift

Specific Date (FROM: ____/____/____ TO: ____/____/____)

Gift Types

Cash

Stock

Gifts-In-Kind

Pledges

Matches

Soft Credits

Additional Giving Criteria (Please specify additional criteria such as specific funds below)



Heading (What would you like the Title to be?)

Include Page numbers

Additional Details (special instructions):

Sort Order (Unless otherwise specified, your list will be sorted ALPHABETICALLY):

Other Sort Order**: _____

**Be sure to include Ascending or Descending (i.e. descending pledge amount)

File Format - all lists will be exported in Excel (.XLS) unless specified otherwise:

Other File Format: _____

Preferred Mode of Delivery: _____

Director or Department Head Signature (*required for all requests outside of Foundation*)

NOTE – THIS LIST WILL BE PROVIDED FOR A SINGLE USE ONLY FOR THE PURPOSE LISTED ON THIS REQUEST. ANY OTHER USE IS STRICTLY PROHIBITED.

All Request Forms should be returned to

Michael Dotson, Director of Advancement Services
MDC Foundation 300 NE 2nd Ave, Room 1436 Miami, FL 33132-2204
Email: mdotson1@mdc.edu • **Phone:** (305) 237-3901 • **Fax:** (305)237-7584