

## Data Request Form

Project Title		Contact Person	
Today's Date	Request Due Date*	Project Drop Date	
Default Fund	Purpose	<input type="checkbox"/> Invitation	<input type="checkbox"/>
	<input type="checkbox"/> Solicitation	<input checked="" type="checkbox"/> Communication	<input type="checkbox"/>
Appeal/Package ID	Default Fund ID	Goal Amount to Raise	Projected Number of Records
	Data Format	<input type="checkbox"/> RE Export	<input type="checkbox"/> RE Query
	<input type="checkbox"/> Excel	<input type="checkbox"/> Report ( <i>See Katherine</i> )	<input type="checkbox"/> Word
Target Market (Determine the records you would like included in your list)			
Source of records	<input type="checkbox"/> Raiser's Edge	<input type="checkbox"/> Purchased List	<input type="checkbox"/> Community List (Marketing)
	<input type="checkbox"/> Past Patient List	<input type="checkbox"/>	<input type="checkbox"/>
Attributes	<input type="checkbox"/> Prospect Group		<input type="checkbox"/> Invite to Events
	<input type="checkbox"/> Board/Committee		<input type="checkbox"/> Soft-Credit Relationship
	<input type="checkbox"/> BMC Prospect Group		<input type="checkbox"/>
	<input type="checkbox"/> BMC Recognition		<input type="checkbox"/>
	<input type="checkbox"/> Moves Management		<input type="checkbox"/>
Constituency Groups	<input type="checkbox"/> CSMF Board Members	<input type="checkbox"/> CSMLT	<input type="checkbox"/> Patients
	<input type="checkbox"/> CSM Board Members	<input type="checkbox"/> Physicians	<input type="checkbox"/> Non-Patients
	<input type="checkbox"/> CH Board Members	<input type="checkbox"/> Employees	<input type="checkbox"/>
	<input type="checkbox"/> CCON Board Members	<input type="checkbox"/> Major Gift Prospects	<input type="checkbox"/>
Gift Amount	<input type="checkbox"/> One Time Gift Between		And
	<input type="checkbox"/> Total Gifts Between		And
	<input type="checkbox"/> Latest Gift Between		And
Gift Date	<input type="checkbox"/> Gift Date Between		And
Gift Type	<input type="checkbox"/> Cash Gifts	<input type="checkbox"/> Pledge Payments**	<input type="checkbox"/> Soft Credits
	<input type="checkbox"/> Pledges**	<input type="checkbox"/> Stock Gifts	<input type="checkbox"/>
Specific Appeal/Package	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exclusion Records (Determine the records you would like excluded from your list)			
Attributes	<input type="checkbox"/> Prospect Group		<input type="checkbox"/> Invite to Events
	<input type="checkbox"/> Board/Committee		<input type="checkbox"/> Soft-Credit Relationship
	<input type="checkbox"/> BMC Prospect Group		<input type="checkbox"/>
	<input type="checkbox"/> BMC Recognition		<input type="checkbox"/>
	<input type="checkbox"/> Moves Management		<input type="checkbox"/>
Constituency Groups	<input type="checkbox"/> CSMF Board Members	<input type="checkbox"/> CSMLT	<input type="checkbox"/> Patients
	<input type="checkbox"/> CSM Board Members	<input type="checkbox"/> Physicians	<input type="checkbox"/> Non-Patients
	<input type="checkbox"/> CH Board Members	<input type="checkbox"/> Employees	<input type="checkbox"/>
	<input type="checkbox"/> CCON Board Members	<input type="checkbox"/> Major Gift Prospects	<input type="checkbox"/>

Gift Amount	<input type="checkbox"/> One Time Gift Between _____ And _____
	<input type="checkbox"/> Total Gifts Between _____ And _____
	<input type="checkbox"/> Latest Gift Between _____ And _____
Gift Date	<input type="checkbox"/> Gift Date Between _____ And _____
Gift Type	<input type="checkbox"/> Cash Gifts <input type="checkbox"/> Pledge Payments** <input type="checkbox"/> Soft Credits <input type="checkbox"/> Pledges** <input type="checkbox"/> Stock Gifts <input type="checkbox"/> _____
Specific Appeal/Package	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
Should the following records been removed?	<input type="checkbox"/> Inactive <input type="checkbox"/> Deceased <input type="checkbox"/> Do Not Solicit <input type="checkbox"/> Has no valid address <input type="checkbox"/> Do Not Mail <input type="checkbox"/> _____

**Output**

What fields are needed?	<input type="checkbox"/> Preferred Addressee	<input type="checkbox"/> Home Address	<input type="checkbox"/> Constituency Type
	<input type="checkbox"/> Preferred Salutation	<input type="checkbox"/> Last Gift Amount	<input type="checkbox"/> _____
	<input type="checkbox"/> LAF Salutation	<input type="checkbox"/> Last Gift Date	<input type="checkbox"/> _____
	<input type="checkbox"/> Title	<input type="checkbox"/> Largest Gift Amount	<input type="checkbox"/> _____
	<input type="checkbox"/> Spouse Name	<input type="checkbox"/> Total Gift Amount***	<input type="checkbox"/> _____
	<input type="checkbox"/> Last Name	<input type="checkbox"/> Primary Contact	<input type="checkbox"/> _____
	<input type="checkbox"/> First Name	<input type="checkbox"/> Secondary Contact	<input type="checkbox"/> _____
	<input type="checkbox"/> Preferred Address	<input type="checkbox"/> Event Contact	<input type="checkbox"/> _____
	<input type="checkbox"/> Business Address	<input type="checkbox"/> Constituency Type	<input type="checkbox"/> _____

**List Proofing**

Have the exclusion groups been removed? ( <b>Determined earlier</b> )	<input type="checkbox"/> CSMF Board Members	<input type="checkbox"/> CSMLT	<input type="checkbox"/> Patients
	<input type="checkbox"/> CSM Board Members	<input type="checkbox"/> Physicians	<input type="checkbox"/> Non-Patients
	<input type="checkbox"/> CH Board Members	<input type="checkbox"/> Employees	<input type="checkbox"/> _____
	<input type="checkbox"/> CCON Board Members	<input type="checkbox"/> Major Gift Prospects	<input type="checkbox"/> _____
Are all the titles appropriate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are there any missing titles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are all the salutations in the	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have the duplicate ID's been	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are duplicate addresses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has the list been reviewed and returned with changes?	<input type="checkbox"/> Lisa	<input type="checkbox"/> Cristina	<input type="checkbox"/> _____
	<input type="checkbox"/> Patrick	<input type="checkbox"/> Steve	<input type="checkbox"/> _____
	<input type="checkbox"/> Kelley	<input type="checkbox"/> _____	<input type="checkbox"/> _____

**Other Comments**

Notes	
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Date Completed	File Name
Number of Records	

\*Please allow 2 weeks for new data requests  
\*\*Only select one  
\*\*\*Will use target market criteria unless otherwise noted