

CHRMF Foundation and Guild Association
Raiser's Edge Information Request Form

Please allow a minimum of **5 working days** to process your request. Complex requests may take longer. Contact the Director of Donor Information or the Database Coordinator if you need assistance defining criteria.

Please email this completed form to tracie.cassidy@seattlechildrens.org

List/Event/Report Name: _____ Is the Request (circle one): **One-Time** or **On-Going**

Person Making Request: _____ Date of Request: _____ Date Required: _____

Purpose: Mailing/Invitation Internal List Report Import Other (please specify)

File Format: Excel (CSV) PDF Custom Crystal Report Access file Hard Copy (not recommended)

Download File To: Email Attachment Z drive (please specify folder _____)

GENERAL CRITERIA – Please check ALL that should be included

Primary Constituency: Allied Professionals Individuals Corporate Fdn Corporation Estate
 Family Fdn Foundation Guild Trust Volunteer

Brief Explanation of your request:

DONOR CRITERIA

Gift Dates:

Gift Fund:

Gift Appeal:

Campaign: Indv Projects CAG Membership Planned NonRev Major

Gift Types: Cash Pledges Pledge Payments Matching Gifts Stock/ Property

EXCLUSIONS – Please check ALL that should be excluded:

Anonymous Bad Address Deceased Do Not Contact (phone DNC) Out of State Out of Country Requests No Email

Solicit Code: DNS/Contact – Staff DNS/Contact – Donor DNS/No Contact – Staff DNS/No Contact – Donor

No Contact/Solicit OK – Staff No Contact/Solicit OK – Donor

Constituent Codes: Board Member (ALL or specific board) Employee Former Board Former Guild Member Master List Patient Family Physician

OUTPUT FIELDS – Donor ID and Alpha Sort will always be included. Please indicate any additional fields required.

- Addressee/Salutation –** *Preferred Add/Sal will be used unless otherwise specified*
- Actions**
- Age**
- Anonymous**
- Attributes:** CCC Guild Legacy Volunteer
- Constituent Appeals:** Appeal ID Appeal Category Appeal Description
- Events:** Event ID Event Description Invited Attended
- Gifts:** Detail or Gift Summary
- Gift Amount**
- Gift Appeal:** Appeal ID Appeal Category Appeal Description
- Gift Date**
- Gift Campaign:** Campaign ID Campaign Category Campaign Description
- Gift Fund:** Fund ID Fund Category Fund Description
- Gift Reference**
- Gift Summary –** *please specify dates*
- Gift Type**
- Marital Status**
- Membership:** Member ID Guild Name Standing Name on Card Date Joined Expires On
- Preferred Address**
- Preferred Phone –** *Home will be used unless otherwise specified* Business Email Other
- Primary Constituent Code**
- Primary Staff Assigned**
- Proposal:** Name Amount Funded Date Funded Solicitor
- Spouse Name**
- Solicit Codes**
- Other fields** (please specify):

Sort: *All files will be sorted alphabetically unless otherwise specified*

<i>For Processing use only—please do not write in this space</i>	
Date Received: _____	Received By: _____
# of Records: _____	Report/dB Name: _____
Date Completed: _____	Output: _____
Completed By (initials): _____	Saved As: _____