

**XX FOUNDATION  
ASSET QUALIFYING PROFILE  
PROSPECT: Prospect Name**

**BASIC DATA**

**GIFT LEVEL:**

Millennium ID: xxxxxxxx  
Address:  
DOB:  
Spouse:

Current employment: xxx  
City, State, ZIP

Employment History: Brief summary. If not known, remove this line item.

Civic Affiliations:

Corporate Boards:

**XX INVOLVEMENT**

Total Giving: (total \$, any details) (type of giver)

Patient History: Campus (Start year – End year)

Tracking: Prospect is at Tier #-X; Prospect manager is xxx

**ESTIMATED CAPACITY**

Capacity range: \$-\$-\$, payable over 5 years, depending on inclination

Based on: (list asset type, e.g., “SFR in Ramona, past stock sales”)

Inclination to give:

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**Addendum**

**For XX Foundation Staff Only**

**Capacity**

Based on identified assets, Mr. XXX has an estimated net worth of XXX.

**Asset(s)**

- Qualifying asset #1
- Qualifying asset #2