

DEVELOPMENT AND ALUMNI SUPPORT SERVICES

REPORT/DATA REQUEST FORM

TO : advancement_services@ncu.edu

FROM: _____
(INCLUDE CONTACT INFORMATION)

REQUEST DATE: _____

DATE NEEDED: _____(PLEASE FILL IN A DATE)

Please allow a minimum of **10 business days** for processing. Depending upon the complexity of the requests, more time may be needed. If we're not able to make the date needed, we will contact you. Please also be aware that during peak periods, we may not be able to meet the 5 day timeframe (end of calendar year, end of fiscal year).

DESCRIPTION/PURPOSE OF REQUEST
(PLEASE BE AS SPECIFIC AS POSSIBLE)

INCLUDE IN SEARCH

ALUMNI FRIENDS ORGANIZATIONS FACULTY & STAFF PROSPECTS
 ALUMNI (DONORS ONLY) ORGANIZATIONS (DONORS ONLY)

EXCLUDE FROM SEARCH

<input type="checkbox"/> NO MAIL CONTACT	<input type="checkbox"/> CURRENT FY DONORS/PLEDGERS
<input type="checkbox"/> ANONYMOUS OR DON'T PUBLISH	<input type="checkbox"/> UNIVERSITY BOARD OF TRUSTEES
<input type="checkbox"/> NO PHONE CONTACT	<input type="checkbox"/> CURR FDN TRUSTEES
<input type="checkbox"/> NO EVENING PHONE SOLICITATION	<input type="checkbox"/> CURR ALUMNI BOARD
<input type="checkbox"/> NO AFFINITY MAILING LISTS)	<input type="checkbox"/> NCCU FACULTY/STAFF
<input type="checkbox"/> NO MAIL SOLICITATION	<input type="checkbox"/> SUSPECTS
<input type="checkbox"/> NO CONTACT WITH UNIVERSITY	<input type="checkbox"/> PROSPECTS
<input type="checkbox"/> NO PHONE SOLICITATION	<input type="checkbox"/> BAD ADDRESSES
<input type="checkbox"/> NO WEEKEND PHONE SOLICITATION	<input type="checkbox"/> 3RD PARTY DONORS ASSOC. IDS
<input type="checkbox"/> NO MAIL OR PHONE SOLICITATION	<input type="checkbox"/> DECEASED

PLEASE COMPLETE REVERSE SIDE FOR OUTPUT

OUTPUT

(PLEASE FILL OUT COMPLETELY - ATTACH ANY ADDITIONAL SPECIFICATIONS)

CHOOSE A FORM OF OUTPUT:

- ___ REPORT (PDF, EXCEL, ETC.)
- ___ DATA FILE (EXCEL, .CSV, ETC.)
- ___ OTHER FILE /TAPETYPE

DIRECTIONS FOR OUTPUT:

SORT ORDER (ALPHA, STATE, CID, GIFT AMOUNT, ETC.) Sort Alpha Order
 IF MAIL FILE, COMBINE SPOUSES (YES OR NO)

IS THIS IS A SOLICITATION? (YES OR NO) _____

FOR DATA FILES:

INTERNAL: University Relations _____

MAILING HOUSE: _____ CONTACT NAME: _____ CONTACT PHONE: _____

IS THE DATA TO BE PUBLISHED? _____

PRINT ON REPORT/ FIELDS IN DATA FILE

___ ID NUMBER (CID)	___ NCCU DEGREE
___ FULL NAME AND SUFFIX	___ NCCU MAJOR
___ PREFIX	___ NCCU CLASS YEAR
___ DONOR CODE (alum, friend, trustee, etc.)	___ NCCU COLLEGE/SCHOOL
___ HOME ADDRESS ___ PREFERRED ADDRESS	
<i>IF THIS MAILING IS GOING TO NCCU FACULTY OR STAFF, DO YOU WANT TO MAIL TO THE NCCU INTEROFFICE ADDRESS OR THE HOME ADDRESS? _____</i>	___ CURRENT PLEDGE TOTAL
___ HOME PHONE #	___ CURRENT PLEDGE PAID
___ CROSS REFERENCE	___ CURRENT PLEDGE BALANCE
___ SPOUSES NAME	___ GIFT AMOUNT
___ SPOUSES ID#	___ GIFT DATE
___ EMPLOYER	___ DESIGNATIONS
___ POSITION	___ BENEFITING UNIT
___ BUSINESS ADDRESS	___ TOTAL GIVING
___ BUSINESS PHONE	
___ EMAIL ADDRESS	_____ OTHER