

UNCP Office of Advancement
Mailing List and Gift Report Request Form

Please allow up to ten business days per request. Please save as a new file and email to vanessa.scott@uncp.edu.

Report Name: _____
 Person making request: _____ Title: _____
 Department/School: _____ Phone: _____ Email: _____

Purpose: Mailing/Invitation List Gift Report Other (please specify) _____

Brief explanation of request:

Example: A mailing list of alumni who graduated with a degree in nursing OR a gift report for individuals that gave more than \$100 this fiscal year to wrestling

GENERAL CRITERIA

Constituent Type Alumni Friends Faculty/Staff
 Board _____ Other _____

Include Individuals Only Organizations Only Individuals and Organizations

Exclude (please check all that should be excluded)

No Valid Address Do Not Mail Do Not Phone Do Not Email
 No Contact No Alumni Communications

Gift Date Range (for gift reports only) From: _____ To: _____

Gift Types to Include One-time gifts (cash, stock, etc.) Pledges Gifts in-kind
 Recurring Gift Payments Pledge Payments

OUTPUT FIELDS

<u>Constituent Information</u> Name Primary Addressee/Salutation Primary Mailing Address Primary Phone Primary Email Employment Information	<u>Gift Information</u> Gift Date Gift Amount Gift Designation	<u>Alumni Information</u> Class Year Degree Major College/Department Sports Participation Fraternity/Sorority
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Advancement Services releases information regarding constituents to official University academic/administrative units. Such confidential information is to be used for official University purposes only. By signing this form, I certify that the above request is for an officially recognized University program or activity and will be used only once. All versions of this data, both electronic and paper, will be destroyed within 30 days of use. Furthermore, mailing labels cannot be distributed or used by outside commercial concerns or firms. I understand and assume full responsibility for the receipt and proper use of this confidential information.

Signature: _____ Date: _____