**Request for New Raiser’s Edge Record Submitted By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please choose Individual OR Organization****(persons within an organization are listed under Organization Contacts)*

|  |  |  |
| --- | --- | --- |
| INDIVIDUAL | **Last Name:** |  |
| **First Name:** |  | **Middle Name/Initial:** |  |
| **Title:** | ❑Mr ❑Mrs ❑Ms ❑Dr ❑Pastor ❑Other: |
| **Spouse First Name:** |  |
| **Spouse Last Name:** |  |
| **Address:** |  | **Apt. #:** |  |
| **City:** |  | **State/Zip:** |  |
| **County:** |  |
| **Home Phone:** |  | **Cell Phone:** |  |
| **Email Address:** |  |
| **Mailings:** | ❑All Mailings ❑Newsletter Only and Christmas ❑Annual Only |
| **Mailing Type:** | ❑Solicitory ❑Non-Solicitory |
| **Potential Friends of Rawhide volunteer?** ❑Yes ❑No |

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|  ORGANIZATION | **Organization Name:** |  |  |  |
| **Address:** |  |  |  |
|  |  |  |  |
| **City:** |  | **State/Zip:** |  |
| **County:** |  |  |  |
| **Phone:** |  | **Fax:** |  |
| **Email Address:** |  |  |  |
| **Website:** |  |  |  |
| **Mailings:** | ❑All Mailings ❑Newsletter Only and Christmas ❑Annual Only |
| **Mailing Type:** | ❑Solicitory ❑Non-Solicitory  |
| **Org. Contact 1:** | ❑Primary ❑Secondary |
| **Last Name:** |  |
| **First Name:** |  | **Middle Name/Initial:** |  |
| **Title:** | ❑Mr ❑Mrs ❑Ms ❑Dr ❑Pastor ❑Other: |
| **Direct Phone:** |  | **Cell Phone:** |  |
| **Email Address:** |  |
| **Title:** |  **Professional Advisor?** ❑Yes ❑No  |
| **Potential Friends of Rawhide volunteer?** ❑Yes ❑No  |
| **Org. Contact 2:** | ❑Primary ❑Secondary |
| **Last Name:** |  |
| **First Name:** |  | **Middle Name/Initial:** |  |
| **Title:** | ❑Mr ❑Mrs ❑Ms ❑Dr ❑Pastor ❑Other: |
| **Direct Phone:** |  | **Cell Phone:** |  |
| **Email Address:** |  |
| **Title:** |  **Professional Advisor?** ❑Yes ❑No  |
| **Potential Friends of Rawhide volunteer?** ❑Yes ❑No  |

**Notes:**