

# Raiser's Edge Data Request Form

*\*\*please allow 2 weeks to process requests\*\**

Date Requested: \_\_\_\_\_ Date Due: \_\_\_\_\_ Requested By: \_\_\_\_\_

*\*\*If applicable\*\**

Drop Date: \_\_\_\_\_ Appeal ID: \_\_\_\_\_ Event ID: \_\_\_\_\_ FV or EB

## Summary of information needed:

(What is it you are trying to capture?)

### CRITERIA

Gift Date (date range): \_\_\_\_\_

Gift Threshold (gift range): \_\_\_\_\_

Funds (include/exclude): \_\_\_\_\_

#### Gift Types:

##### Include:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Cash           | <input type="checkbox"/> MG Pay-Stock/Property    | <input type="checkbox"/> MG Write-off            |
| <input type="checkbox"/> Pay-Cash       | <input type="checkbox"/> Pay-Stock/Property(Sold) | <input type="checkbox"/> MG Pledge               |
| <input type="checkbox"/> MG Pay-Cash    | <input type="checkbox"/> MG Stock/Property(Sold)  | <input type="checkbox"/> Recurring Gift          |
| <input type="checkbox"/> Pledge         | Gift-in-Kind                                      | <input type="checkbox"/> Recurring Gift Pay-Cash |
| <input type="checkbox"/> Stock/Property | Pay-Gift-in-Kind                                  | <input type="checkbox"/> Other                   |
| Stock/Property(Sold)                    | MG Pay-Gift-in-Kind                               | Pay-Other  |
| Pay-Stock/Property                      | Write-off   | MG-Pay-Other                                     |

Include: ☐ Soft Credit

Exclude: ☐ Anonymous Gifts

Specific Attributes (include/exclude): \_\_\_\_\_

### OUTPUT

**Example of Standards:** *Constituent ID, Name, First Name, Last Name, Addressee/Salutation, Address Block, Phone Number, Email, Primary Solicitor.*

*[Solicit Codes: Do Not Email, DNM – Recovery Services, Do Not Mail, added for safety measures]*

Specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific Attributes (include): \_\_\_\_\_

Organization Contact Type: Primary General Grant All

☐ Specify \_\_\_\_\_

#### Key Indicator Include:

- ☐ Individuals  
☐ Organizations  
☐ Both

#### Individual Exclusion:

- ☐ Bad Address  
☐ Deceased  
☐ Inactive  
☐ Out of State  
☐ Specify \_\_\_\_\_

#### Solicit Code Exclusion:

- Do Not Contact  
Do Not Solicit  
Do Not Email  
Do Not Send Event Inv.  
Do Not Send Newsletter  
☐ One Solicitation Per Year  
☐ DNM – Recovery Services  
☐ Specify \_\_\_\_\_

#### Constituent Exclusion:

- ☐ Employee  
☐ Former Employee  
☐ Board  
☐ Former Board  
☐ Physician  
☐ Corporation/Business  
☐ Foundations  
☐ Government  
☐ Organization  
☐ Specify \_\_\_\_\_