

Raiser's Edge Data Request Form



Please allow a minimum of **5-10 working days** to process your request. Contact Jenny Physioc if you need assistance.
Please email this completed form to jenny.physioc@artcenter.edu.

List/Event/Report
Name

Requested By

Date of Request

Date Needed

Reason for your
Request & Notes

CONSTITUENT CRITERIA (Please check all that apply):

Alumni	Alumni Parent	Corporation
Corporate Contact	Current Parent	Faculty
Foundation	Foundation Contact	Friend
Government	Government Contact	Parent
Staff	Trustee	

Degree(s)

Grad Year(s)

MEMBERSHIP CRITERIA (Check all that apply):

ArtCenter 100	FullCircle	MINT
Pasadena Art Alliance	San Marino League	Williamson Gallery
Other		

Level

Status

Current

Lapsed (note # of years)

GIFT CRITERIA

Gift Dates (include ranges)

Gift Fund(s)

Gift Appeal(s)

Gift Type(s)	Cash	Pledges	Pledge Payments
	Matching Gifts	Stock/Property	GIK
	Planned Gifts		

Credit Type(s)	Hard Credit	Soft Credit	Both
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EVENT CRITERIA

Event Name(s)

Attendance	Invited	Registered	Attended	Guests
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OUTPUT FIELDS (Please select all fields to include in your final list):

Biographical	Addressee/Salutation	Married Add/Sal	Degree(s)
	Grad Year(s)	Employer	Spouse Name
	Industry	Position/Title	Membership(s)
	Prospect Manager	Other	

Contact	Mailing	Email	Phone
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Include International Addresses?	Yes	No
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Gift Output	Appeal	Package(s)	Fund Name	Gift Amount
	Gift Date	Gift Detail	Gift Summary	Gift Type
	First Gift	Last Gift	Largest Gift	Last Appeal
	Other			

For processing use ONLY- Please do not write in this space.

File Name

Date Completed

Query/Query Folder

BBNC Query

BBNC List Name

Export/Export Folder