

Information Services Gift/Membership Appeal Request Form

Please return this form to the Office of Development or fax to 569-8633.

<input type="text"/>	<input type="text"/>
Name (required)	T-number
<input type="text"/>	<input type="text"/>
Email address (required)	Office phone
<input type="text"/>	
Date (required)	

Please fill in the following information related to the requested gift appeal.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Description*	Date of event/ mailing	Contact person
<input type="text"/>	<input type="text"/>	<input type="text"/>
Department/Program	Premium type (if applicable)	Premium amount (if applicable)

Appeal type (please submit a request for each type)

- Event
 Mailing
 Phone-a-thon
 E-mailing

Appeal group

- Everyone
 Alumni
 Donors
 Non-donors

Additional information:

For a full rate of return analysis, we will need additional details about your appeal efforts including postal, phone, staffing, and/or vendor costs.

Please email dev-help@ualr.edu with questions or concerns.

<input type="text"/>	<input type="text"/>
Name (required)	Date (required)

For Information Services Use Only

Code (5): _____ User: _____ Date: _____