



COMPUTER WORK REQUEST

Please fill out this form in its entirety. Allow one week for response.

What Do You Need?

Labels:

- Standard 5160 Name Only Name and Address

Other: _____

Please specify which member to include:

- Active Members 10+ Members Sustaining Members Sabbatical Members
 Cherubs Advisors All

Comments: _____

Reports:

- Addresses Needed *Specify Format:* Mrs. Jane Doe Jane Doe Mr./Mrs. Jane Doe
 Summary Detailed For Whom? _____
 Hard Copy to Pick up Email _____ Both

Comments: _____

How Do You Want Your Information Sorted?

- By Donor Last Name By Solicitor Last Name By Member Status

Special Criteria (Please describe exactly what you need. For example, all Underwriting donors of \$5,000 and over from the last campaign year; or all purchases of Chance Tickets for the past 3 years.)

What Information Do We Exclude?

- Deceased Addresses outside of Tucson Records marked "do not solicit"
 Records with incomplete records Records marked "no mail"
 All Angels, including Advisory Board Members Other

Date Submitted: _____ Date Needed: _____

Requested By: _____ Committee: _____

Email Address: _____ Phone: _____

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