

REQUEST FOR LABELS/LISTINGS & DOWNLOADS OF ALUMNI

WIU Alumni Association – Alumni House

Phone: 298-1914 Fax: 298-2914

This form **must** accompany all requests for labels/lists/downloads

Department name: _____ **Contact Person:** _____ **Phone number:** _____

Below state the purpose of this request (attach a sample of the material to be mailed if applicable) **and** list target population (i.e. major, organization, geographical area):

Format: Individuals Combined (spouses together only if **BOTH** meet criteria) Combined (spouses together even if only **ONE** meets the criteria)

--- **Check here for summary count**

Sort	Specialized Report Or Listing	Home & Business Printout <i>Individuals only</i>	Labels ◇ 1 across ◇ 2 across	Download <i>For mailings through Word Processing</i>
Alpha Order				
Zip Code Order				
Alpha within Major Order				
Alpha within Class Year				

- Please specify what you want printed on the specialized report (i.e. name, address, class year). Listing reports have name, preferred address, phone number, and email if requested.

Address selection:

___ Preferred Address (Address that Alum has specifically requested)
 ___ Business (For **NON** mailing purposes)
 ___ Home (For **NON** mailing purposes)

Omit following:

___ No solicitation
 ___ No phone solicitation
 ___ International addresses

Name selection: (*Informal names will be used on all requests unless otherwise specified.*)

___ Informal (Gordy Taylor)
 ___ Formal (Dr. Gordon A. Taylor)

Labels: (*Must be in continuous feed. Do not tear off small batches of sheets. Unused labels will be returned*)

___ Stored at Morgan
 ___ Furnished with request

• **Other information:**

- Lost, deceased & no mail alumni omitted on **ALL** requests unless indicated otherwise
- If alum has requested to be contacted at business it is indicated on Home & Business printouts **ONLY**
- All labels & lists will be delivered to the Alumni House unless other arrangements are made prior to running job
- Batch emailing - If interested, please call for information

Date request needed: ___/___/___ (Allow 5-10 working days) _____ Date _____
 _____ College Development Officer signature

THIS FORM MUST BE COMPLETED AND SIGNED BEFORE PROCESSING BY COLLEGE DEVELOPMENT OFFICER

It is hereby certified that the services or materials represented in this voucher were received or authorized; that these services or materials were in accordance with all applicable laws, rules, and regulations of the State Of Illinois, Board of Trustees, Western Illinois University, and any other applicable jurisdiction.

OFFICE USE ONLY

Date completed: ___/___/___ Download name _____

Job # _____ Job stream _____ Total Records _____

Prepared by: _____