

Foundation/Alumni Batch Email Request Form

WIU Alumni Association – Phone: 298-1914 Fax: 298-2914

This form **must** accompany all requests for batch emails

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

State the purpose of this request: _____

Description of target population: _____

Anyone coded **No Email Contact** will be automatically omitted. If this request is for a fundraising email, anyone coded **No Solicitation** will automatically be omitted.

E-Mail message

- Attach printed copy of e-mail message
- Provide a “Word” or PDF document as an email attachment and send to A-Association@wiu.edu

Date request needed: ___/___/___ _____
(Allow 5-10 working days) **Development or Marketing Officer or Dean signature**

THIS FORM MUST BE COMPLETED AND SIGNED BEFORE PROCESSING.

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, Alumni Programs and any other applicable jurisdiction.

ALUMNI PROGRAMS OFFICE USE ONLY

Date completed: ___/___/___ File names: _____

Job #'s _____ Job stream _____ Total records _____

Prepared by: _____