

# 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 \_\_\_\_\_

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)

**Check below:**

- Individuals *-- Check here for summary count*
- Combined (spouses together only if **both** meet criteria)
- Combined (spouses together even if only **one** meets the criteria)

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 (Bob Jones) *Informal names will be used on all requests*
- Formal (Dr. Robert A. Jones)

**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:     /     /     Date                       
 (Allow 5-10 working days) 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 was 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: \_\_\_\_\_