

Donor Information Record

Name _____
Home Address _____
City/State _____ Zip _____
Telephone Number _____
Home E-mail _____

Company Name _____
Work Address: _____
City/State _____ Zip _____
Work Phone _____
Work E-mail _____
Employee matching gift program? _____

Occupation(s) _____
Schools/Colleges attended: _____
Previous job affiliations _____
Estimated household income _____
Evidence of capacity to give _____

Living situation (single, significant other, married) _____
Children _____ Children involved in our programs _____
Hobbies/Interests _____

Contact person(s) (from our organization): _____
Relationship to prospect? _____

Why might this person give to our organization? _____

Cultivation/Contacts				
Date	Activity	Contact made by?	Comment	Next steps?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____