Alumni Group Post-Meeting/Event Form

Alumni Group: _____ Staff Liaison: _____

Alumni Group Contact Name and Email:_____

Meeting/Event Name, Date & Time:_____

Location of Meeting/Event:_____

Name of Event Planner: _____Number of Attendees: _____

Please select the type of event:

Viewing Party Happy Hour Networking Event Community Service/Charity

Fundraising Event Advocacy Event Other:_____

Does this meeting/event occur on a regular basis? (i.e. weekly, monthly, annually, etc...) _____

Was there an admission fee for meeting/event? Yes No If so, how much was given? _____

Was scholarship money raised at this meeting or event? Yes No If so, how much was given? _____

Gift Designation/Fund/Scholarship Name _____

Amount of Gift Check $_____

Amount of Gift Credit to be given to Individuals $_____

Additional comments:

_____

_____

_____

This form was prepared by_____ Date: _____

Email/Phone: _____

Gift Check and List of Individuals Delivered by _____ Date: _____

Email/Phone: _____

Please attach an invitation (email), membership list, and any other information you have about this event. An excel spreadsheet of members is preferred and should include as much information as possible. For example first name, preferred name, last name, maiden name, address, preferred phone, email, class year, RE number and IPTAY number.

*****PLEASE RETURN THIS FORM TO YOUR ALUMNI GROUP STAFF LIAISON******

INTERNAL USE ONLY:

____Hard Credit ____Soft Credit to be given to individuals

Fund ID Number_____ Appeal Code_____