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### University Solicitation Approval Form

Name: \_\_\_\_\_ Date submitted: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

NMU Department: \_\_\_\_\_

Solicitation Title: \_\_\_\_\_

Purpose of Solicitation: \_\_\_\_\_

Planned date of solicitation: \_\_\_\_\_

President's Council member signature: \_\_\_\_\_

**Type of Solicitation** (check all that apply)

- Direct mail       Email       Telephone       Face-to-face

**Data Categories** (check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Undergraduate degrees | <input type="checkbox"/> Graduate degrees    | <input type="checkbox"/> Donors/friends      |
| <input type="checkbox"/> Non-degreed alumni    | <input type="checkbox"/> Foreign addresses   | <input type="checkbox"/> Combined households |
| <input type="checkbox"/> Home address          | <input type="checkbox"/> Preferred telephone | <input type="checkbox"/> Email               |
| <input type="checkbox"/> Grad Year             | <input type="checkbox"/> Degree              | <input type="checkbox"/> Employer            |
| <input type="checkbox"/> Job Title             | <input type="checkbox"/> Other _____         | <input type="checkbox"/> Other _____         |

**Special Instructions**

Provide data as:

- Excel File format       Electronic File       Printed List

Deliver data to:

- Requesting Department       Campus Mail

*FOR NMU FOUNDATION USE ONLY*

- Approved       Denied

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**NMU Foundation Representative**

\_\_\_\_\_  
**Date**