



ANNUAL GIVING REQUEST FOR SOLICITATION

Requested by _____
Name Title

College/Department _____

Campus Phone # _____ Date of Request _____

Purpose of Solicitation _____

Names/Groups to be Solicited _____

Method(s) of Solicitation (i.e., phone, mail) _____

Date(s) of Solicitation _____

Approximate # to be Solicited _____

Other Comments: _____

Approved by _____
Director of Development Signature Date

Approved by _____
Department Head Signature Date

Approved by _____
Dean Signature Date

Return completed form to: Director, Office of Annual Giving, Montana State University Foundation, Inc.,
1501 S. 11th Ave., Bozeman, MT 59717, 994-5966.

To be completed by Office of Annual Giving

- Request Approved
- Request Denied

Solicitation Code _____
(Assigned by Office of Annual Giving)

Director, Office of Annual Giving Date