TRF_Centennial_lockup.png

Donor Contact Record   
*(Please fill out and share each contact with your assigned liaison or district leader.)*

Contact Date: Click or tap here to enter text.

Club Advocate Name: Click or tap here to enter text. Liaison Name: Click or tap here to enter text.

Donor Name: Member ID (if known) Click or tap here to enter text.

Club Name: Click or tap here to enter text.

Type of contact ***(Choose one)***: Tel  Email  Personal Visit  Event

Other (describe) Click or tap here to enter text.

Purpose of Contact ***(Choose one)***:

Introduction/Identification  Cultivation  Solicitation  Stewardship

Brief Summary of Discussion:  
Click or tap here to enter text.

Description of donor interest, capacity, motivation, and/or propensity to make a major gift:  
Click or tap here to enter text.

Concerns/Opportunities as a result of this contact:  
Click or tap here to enter text.

Next Steps and timeline:  
Click or tap here to enter text.