

# External Communications Worksheet

KSUF INTERNAL OPS USE ONLY

This form should be completed by all university and foundation departments who are corresponding with any group of alumni, donors or friends of K-State. This process, facilitated by the KSU Foundation's Communications Department, helps ensure that all communications are recorded as part of the foundation's annual communications calendar. Examples of communications include: event invitations, college or departmental newsletters, appeals, emails, surveys, etc.

Date received	_____
Appeal code	_____
Giving reason	_____
Revenue fund #	_____
Expense fund #	_____
Event code	_____

- Prior to completion of this form, please consult with the corresponding KSUF development staff, as they will help guide you through this process and may be able to present or expand additional fundraising opportunities.
- This form will also be routed to the KSUF Accounting Department to ensure accurate receipting of any gifts generated from your correspondence.
- Requests for KSU Foundation supplies and/or charges to a KSU Foundation-managed fund(s) for your correspondence can also be processed with this worksheet.

- Please complete and return an original, signed copy of this form along with a draft of your project to the Communications Department, KSU Foundation. **If you have any questions, please contact Jameson Sedlacek at 785-532-7698 or [ecw@ksufoundation.org](mailto:ecw@ksufoundation.org).**

**To ensure that all departments involved in the process are able to provide necessary assistance, please allow three weeks for completion of most requests.**

**Please be sure to include a DRAFT of your project with this worksheet.**

## PROJECT OVERVIEW

Contact name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
Department \_\_\_\_\_ Date \_\_\_\_\_  
Title of project \_\_\_\_\_  
Communication type (check all that apply):  Print  Email  AA  KSUF  Event  Giving link  PRINT  EMAIL/WEB  
Describe the purpose and audience \_\_\_\_\_  
Quantity to be distributed \_\_\_\_\_ Anticipated date(s) of distribution \_\_\_\_\_

## MAILING

- This project will be mailed by vendor listed below.
- This project will be metered at Campus Mail.

If you are mailing 200 pieces or more, you may qualify for postage discounts. University departments can contact University Printing (785-532-6308) and foundation staff can contact Kim Zervas (785-532-7508) for more information.

**REVENUE:** Skip this section if there is no anticipated revenue.

- Revenue from this project will go to:  Existing fund # \_\_\_\_\_  
 A new fund — Please complete and attach "Request to open a fund" form.  
Contact us if you need a copy of the form.

**EXPENSES:** If left blank, expenses will be billed back to personal and/or departmental budgets.

**Includes printing, postage, mail preparation service, foundation supplies, etc.**

Expenses for this project should be charged to:

- Foundation department \_\_\_\_\_  Foundation-managed fund # \_\_\_\_\_  
KSUF billing/GL code \_\_\_\_\_

Vendors who will be submitting invoices to the foundation for this project: \_\_\_\_\_

Name and email address of person who should receive copies of invoice(s): \_\_\_\_\_

**SUPPLIES:** These supplies will be charged back to your project.

Please check the KSU Foundation fundraising supplies you will need and the quantity:

KSUF #9 courtesy reply envelopes (CRE) QUANTITY \_\_\_\_\_

**Contribution cards:**

Printed \_\_\_\_\_

Electronic  
 PDF  JPG

Use standard contribution card amounts:  
\$1,000 \$250 \$50 Other \$ \_\_\_\_\_  
\$500 \$100 \$25

Use these contribution card amounts:  
\_\_\_\_\_  
\_\_\_\_\_

**"DIY" Microsoft Word template for:**

- 8.5" x 14" letter with attached contribution card
- 8.5" x 11" letter with attached contribution card
- 8.5" x 11" letter and separate contribution card
- I'm not sure, I need to see samples

**Special instructions** \_\_\_\_\_  
\_\_\_\_\_

**Date supplies are needed** \_\_\_\_\_

Unless otherwise specified, supplies will be ready for pickup at the KSU Foundation reception desk. KSU Foundation does not deliver supplies externally.

**ALUMNI/DONOR INFORMATION REQUEST**

This foundation project was approved on my development plan.  
The list has been requested through the online data request system.

**Selection criteria for alumni:**

Use preferred degree  and  or  Use minor degree  
Degree college(s): \_\_\_\_\_  
Degree department(s): \_\_\_\_\_  
Degree curric(s): \_\_\_\_\_  
Degree year(s): \_\_\_\_\_  
Degree type(s): \_\_\_\_\_  
 Include *only* alumni who meet donor selection criteria

**Geographic criteria:**

State(s): \_\_\_\_\_  
City(ies): \_\_\_\_\_  
County(ies): \_\_\_\_\_  
ZIP code(s) or ZIP code range(s): \_\_\_\_\_

**Date information needed:** \_\_\_\_\_

Notes: \_\_\_\_\_

**Selection criteria for donors:**

College(s): \_\_\_\_\_  
Department(s): \_\_\_\_\_  
Fund number(s): \_\_\_\_\_  
Donations received between \_\_\_\_\_  
and \_\_\_\_\_

**Include:**  Foreign addresses  Lost addresses

**Other criteria:**

\_\_\_\_\_

**Output:**

Household  Household if met selection criteria

In addition to standard mailing/email fields, include:

\_\_\_\_\_  
\_\_\_\_\_

**APPROVAL**

**REQUIRED**

\_\_\_\_\_  
SIGNATURE OF DEAN, DEPARTMENT HEAD OR ADVISOR PLEASE PRINT DATE

**REQUIRED**

\_\_\_\_\_  
SIGNATURE OF DEVELOPMENT OFFICER PLEASE PRINT DATE

**REQUIRED**

\_\_\_\_\_  
SIGNATURE OF PERSON AUTHORIZED TO APPROVE EXPENDITURES FROM THIS ACCOUNT, IF DIFFERENT FROM ABOVE PLEASE PRINT DATE

**REQUIRED**

\_\_\_\_\_  
SARA PRINCE, ANNUAL GIVING DATE  
(IF CONTRIBUTION CARD IS REQUESTED)