

# Enrollment FORM



411 Theodore Fremd Avenue, Rye New York 10580  
 P: 914.925.2439 F: 914.925.2499

## COMPANY AND CONTACT INFORMATION

<b>Name of Organization:</b>					
Address:		City:	State:	Zip:	
Phone:	Fax:	Website:			
<b>Contact 1 Name:</b>		Title:			
Address:		City:	State:	Zip:	
E-mail:		Phone:	Fax:		
<b>Contact 2 Name:</b>		Title:			
Address:		City:	State:	Zip:	
E-mail:		Phone:	Fax:		
How do you prefer we contact you for marketing decisions?		<input type="checkbox"/> Contact 1/2	<input type="checkbox"/> Phone	<input type="checkbox"/> Fax	<input type="checkbox"/> E-mail
How do you prefer we contact you for database update reminders?		<input type="checkbox"/> Contact 1/2	<input type="checkbox"/> Phone	<input type="checkbox"/> Fax	<input type="checkbox"/> E-mail

Please indicate where your database is housed and contact information:

## DATABASE AND MARKETING INFORMATION

What is the size of your Active Donor file?	What is the size of your Lapsed Donor file?
What is the annual volume of your housefile/renewal mailings?	Number of pieces per mailing?
What is the annual volume of your donor acquisition campaigns?	Number of pieces per mailing?
What type(s) of offers do you mail? <input type="checkbox"/> Direct Appeal <input type="checkbox"/> Premium: Labels <input type="checkbox"/> Premium: Non-Label <input type="checkbox"/> Other (Specify) _____	What types of lists do you use for your donor acquisition campaigns? (please check all that apply) <input type="checkbox"/> In-Category NP/FR lists (i.e. you mail a social appeal, and you use other social NP/FR lists successfully) <input type="checkbox"/> Out-of-Category NP/NF lists (i.e., you mail a social appeal, and you use health NP/FR lists successfully) <input type="checkbox"/> In-Category NON-NP/FR lists (i.e. you mail a social appeal, and you use other social lists - Subscriber, Catalog, etc. - successfully) <input type="checkbox"/> Out-of-Category NON-NP/NF lists (i.e. you mail a social appeal, and you use health - Subscriber, Catalog, etc. - successfully)
How many new donors were added to your file in the last 12 months?	How often do you update your database?

When do you update your database [please specify month(s)]?

When was the last time the database was Address Verified/Standardized?      When was the last time the database was NCOAed?

Please confirm that you are able to provide a copy of your database via FTP.     Yes, I can provide data via FTP     No, I am not able to provide data via FTP

Please note that DonorBase's preferred update method is via FTP. If you are unable to provide data via FTP, DonorBase will advise if there is an acceptable alternative format after completing your enrollment process. Please note that your personal, secure FTP instructions and file format instructions will be provided to you after processing of this enrollment form.

## MARKETING OBJECTIVES

Please list the major challenges facing your direct mail Donor acquisition efforts:

What specific marketing goals does DonorBase need to accomplish for you?

## REFERRALS

Which other Non-Profit Organizations do you recommend we contact to participate in DonorBase?

Please provide appropriate contact information, if available:

**PLEASE FAX/E-MAIL COMPLETED ENROLLMENT FORM TO: BRUCE DEMAREE - 914.925.2499, BRUCE.DEMAREE@DONORBASE.COM**

Confirmation of your enrollment, along with data transmittal instructions, will follow directly. Please call **Bruce Demaree** at **914-925-2439** with questions.