



Your Bulldog Connection. For Life.

Chapter Mailing Request Form

Alumni Chapter: _____ Request Date: _____

Chapter Contact Person: _____

Chapter Position: _____ Daytime Phone: _____

Request: (Please check one) _____ Desired Completion Date: _____

Newsletter mailing Event Mailing

Membership Mailing

Other (please provide a brief description of request)

To who will the mailing be sent (i.e. current chapter members, new graduates, etc.):

Quantity in mailing (if Known): _____ Number of originals provided: _____

Names of originals to be included (i.e. membership card, return envelope, newsletter, etc.)

1. _____ 2. _____

3. _____ 4. _____

Would you like excess materials returned? Yes No

If yes, please list name and daytime phone number of contact person if different from chapter contact person.

Name: _____ Phone: _____

Note: For event mailing, please allow six-eight weeks prior to the scheduled event. For all other mailings, please allow two weeks completion time.

Please use separate request forms for each mailing. Please mail, fax or deliver all chapter requests and support materials to Amy DeGraw.

Office Use Only

Received By: _____ Date: _____

Completed By: _____ Date: _____

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