# Leadership Institute
# Weekly Support Raising Report

Name: _____ This reporting period is: ___/___/___ to ___/___/___

Mail or submit to:
Intern Coordinator
7007 W Happy Valley Rd
Peoria, AZ 85383

Due every Friday:
1. A report of what has been achieved over the past week. (retain a copy of each report for your records)
2. Actions to be taken during the next week.
3. Enclose most current copy of your Donor Roster.

## Current top ten leads
(Donors or Non-Donors)

| Name | Action to be taken | | | | | Amount Requested | Results |
|---|---|---|---|---|---|---|---|
| | Phone for Appt. | One-on-one Appt. | Phone Appeal | Personal Letter Appeal | Group Meeting | Frequency (ie. $50/month) (ie. $150/quarterly) | 1. Indicate what took place 2. Indicate Future Action. Be specific and indicate date |
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Note: You will not necessarily need to take on all 10 leads within a given week.