

Today's Date: _____

Date of Event: _____

STAFF REQUEST FOR PRESIDENTIAL ACKNOWLEDGEMENT LETTER

REQUEST TO: Presidential Support
Room 62
Ext. 2304

FROM: (Name) _____
(Dept.) _____
(Room) _____
(Ext.) _____

A MINIMUM OF 2 WEEKS NOTICE IS REQUIRED FOR PROCESSING

ALL REQUESTS ARE SUBJECT TO FINAL APPROVAL BY JIM DORSKIND

Mark ☐ in appropriate box and include any additional comments pertinent to the request in information space below.

TYPE OF EVENT

- | | | |
|--|--|--|
| ☐ RETIREMENT
(no. of yrs; name of
co. or govt agency) | ☐ CONDOLENCE
(sent to
next-of-kin only) | ☐ ILLNESS
(type: surgery,
accident, cancer, etc.) |
| ☐ BIRTHDAY
(no. of years) _____ | ☐ GRADUATION
(list name of school
and degree awarded) | ☐ WEDDING
(provide first names) |
| ☐ BIRTH OF BABY
(child's name &
parents first name) | ☐ ADOPTION
(list parents &
child's name) | ☐ BAR OR BAT MITZVAH |
| ☐ WEDDING ANNIVERSARY
(no. of years) _____ | | ☐ OTHER
(please specify) |

INFORMATION: _____

MAILING ADDRESS FOR LABEL (include complete address and zip code)

CIRCLE ONE: Mr. Mrs. Miss Mr. & Mrs. Dr. Ms.

NAME: _____
ADDRESS: _____

CITY/STATE/ZIP CODE: _____

INSIDE ADDRESS FOR LETTER (complete address to appear on letter)

CIRCLE ONE: Mr. Mrs. Miss Mr. & Mrs. Dr. Ms.

NAME: _____
ADDRESS: _____

CITY/STATE/ZIP CODE: _____