

Donor Cultivation Plan

Date: _____

Donor Name: _____

Donor category: _____ Top Ten _____ Next 25

Contact information:

Address	
City, State ZIP	
Email	
Phone	

General Notes:

Donor Status/Advances

Initial Contact Date:	2	3	4	5	6	7	ASK Target Date:

Generic cultivation activities:

Activity	Date

Custom cultivation activities specific to this donor:

Activity	Date

Primary Staff: _____

Secondary: _____

Primary Volunteer: _____