

**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: \_\_\_\_\_