



Our Mission is to Fund Yours™

Questionnaire

Tell Us About Your Organization

Who Approves Fundraising Programs? (check all that apply)

CEO ___ CFO ___ Program Director ___ Board ___ Other ___

History

What was your goal for the last calendar year? \$_____

Actual Amount Raised \$_____

Reason for Windfall or Shortfall:

What was your goal for this calendar year? \$_____

Current Amount Raised \$_____

Reason for Windfall or Shortfall:

What is your goal for the next calendar year? \$ _____

What is your plan to secure funding?

Which methods of fundraising have you tried?

- | | | | |
|----------------------------|--|--|-------------------------------------|
| Paid Fundraisers (PFR): | <input type="checkbox"/> Currently Running | <input type="checkbox"/> Tried in Past | <input type="checkbox"/> Successful |
| Internal Call Center: | <input type="checkbox"/> Currently Running | <input type="checkbox"/> Tried in Past | <input type="checkbox"/> Successful |
| Television: | <input type="checkbox"/> Currently Running | <input type="checkbox"/> Tried in Past | <input type="checkbox"/> Successful |
| Radio: | <input type="checkbox"/> Currently Running | <input type="checkbox"/> Tried in Past | <input type="checkbox"/> Successful |
| Direct Mail: | <input type="checkbox"/> Currently Running | <input type="checkbox"/> Tried in Past | <input type="checkbox"/> Successful |
| Events: | <input type="checkbox"/> Currently Running | <input type="checkbox"/> Tried in Past | <input type="checkbox"/> Successful |
| Internet/E-mail Marketing: | <input type="checkbox"/> Currently Running | <input type="checkbox"/> Tried in Past | <input type="checkbox"/> Successful |
| Text Donations: | <input type="checkbox"/> Currently Running | <input type="checkbox"/> Tried in Past | <input type="checkbox"/> Successful |
| Other: | <input type="checkbox"/> Currently Running | <input type="checkbox"/> Tried in Past | <input type="checkbox"/> Successful |

Comments/ Questions/ Concerns:

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