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Leadership matters

A hospital CEO's view of creating a culture of philanthropy

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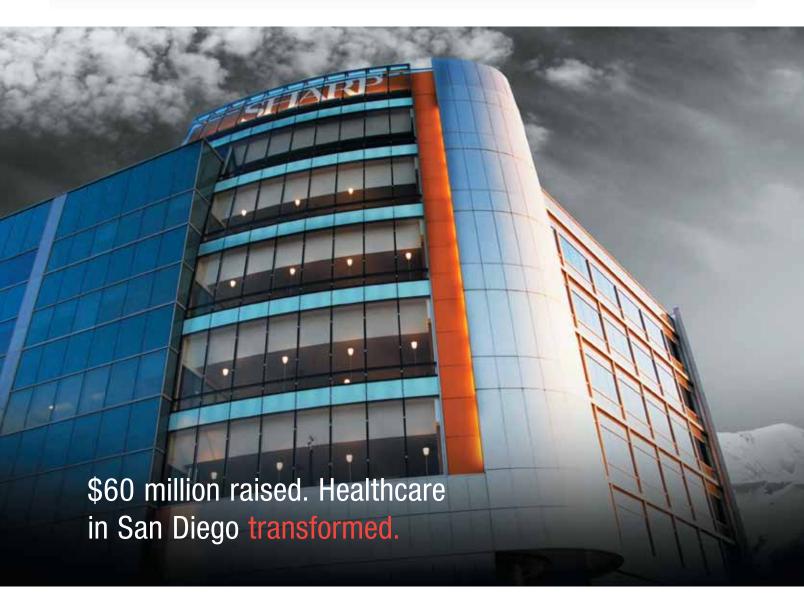
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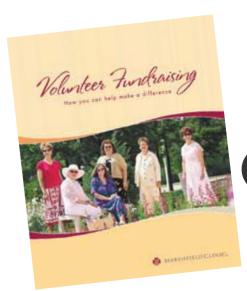
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The Association for Healthcare Philanthropy is the leading authority for standards, knowledge and leadership in health care philanthropy. As the world's largest association for health care fundraising professionals, AHP represents nearly 5,000 members who raise more than \$9 billion each year for community health services. AHP supports its members and serves the public through high performance standards, expert knowledge development and executive leadership that advance the practice and performance of health care philanthropy at both the local and national level.

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Connecting People • Enriching Lives

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Connecting People • Enriching Lives

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FROM THE CHAIR

Giving your all

am truly honored to have been allowed to serve as chair of the AHP board of directors this past year. The board's 2010-2011 term is not quite over, but suffice it to say that it has already been very productive. Your board has adopted an ambitious five-year strategic plan and authorized the financial resources from invested reserves to carry it out. Two pillars of the plan—knowledge and standards—already have specific goals, timelines, tactics and operational performance measures in place. The third and final pillar—the "leg," which is comprised of leadership, engagement and governance—will be the focus at the October board meeting.

AHP also changed its mission statement this year to reflect that

our association will "engage and educate people who change lives through health care philanthropy." The board, thanks to your input, is formally embracing our wider mission in addition to our goals related to serving members. When we are able to increase fundraising at a hospital, we not only strengthen health care services but also provide an important anchor for that community. This is the value proposition offered by our association and our profession.

In my role as chair, I have had the privilege and pleasure of attending and participating in almost all of AHP's regional conferences. At these events, I have heard many moving stories of health care philanthropy at work in our communities—stories of changing lives. Perhaps the most public account was from the AHP Midwest

When we are able to increase fundraising at a hospital, we not only strengthen health care services but also provide an important anchor for that community.

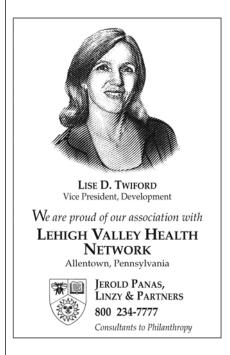
Regional Conference, which was held only three days after the devastating May 22 tornadoes in Missouri, during which the St. John's Regional Medical Center at Joplin was totally destroyed.

AHP members who have been through disasters know the critical role that the health care development team plays in helping communities recover from such events. Mercy Health of Joplin Foundation and other hospital foundations impacted by the tornadoes in the region are changing lives by aiding hospital employees affected by the disaster and raising funds to repair and rebuild critical medical facilities.

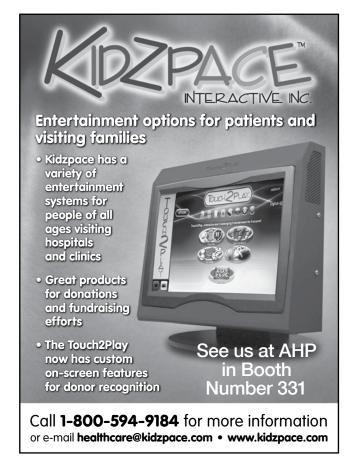
During that regional conference, we heard of AHP members reaching out to AHP colleagues impacted by that destructive week of tornadoes,

offering advice and disaster plan resources. We also did our small part at the conference, as we contributed more than \$1,000 to help replace Mercy Health of Joplin Foundation's professional library of fundraising books, which were lost in the tornado. AHP members always step up to help each other, enabling us to do the most for our communities—and, for many of us, that's what makes our association so special.

I have enjoyed my tenure as chair and feel that we have accomplished some significant major objectives that will bring needed change to our organization. Working with all of you during the past year has taught me what "giving" truly means—because, on a daily basis, all of you "give your all" to our profession.











BEST IN CLASS

Advocate Charitable Foundation Anne Arundel Medical Center Foundation

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These development organizations participate in the AHP Performance Benchmarking Service and in FY 2009 each raised \$8.1 million or more, were in the top 75th percentile of all program participants and demonstrated high efficiency and effectiveness in bottom-line returns. Membership in this group is worthy of special recognition.

Well done!



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AHP Performance Benchmarking Service www.ahp.org/highperformers



AS I SEE IT

Leading the way

anagement is efficiency in climbing the ladder of success; leadership determines whether the ladder is leaning against the right wall. —Stephen R. Covey

Much of what we talk about in the philanthropy sector is about good management—being efficient fundraisers, good stewards of our donors' gifts, transparent and accountable to our donors and the community. We focus on building and climbing the steps on the ladder of successful fundraising. However, along the way, we need to focus to make sure that the ladder is, as Stephen Covey says, leaning against the right wall. Otherwise, we may be very successful at meeting the wrong goals.

In this issue's article "Leadership Matters," Banner Health President and CEO Peter Fine, FACHE, discusses his organization's transformation from

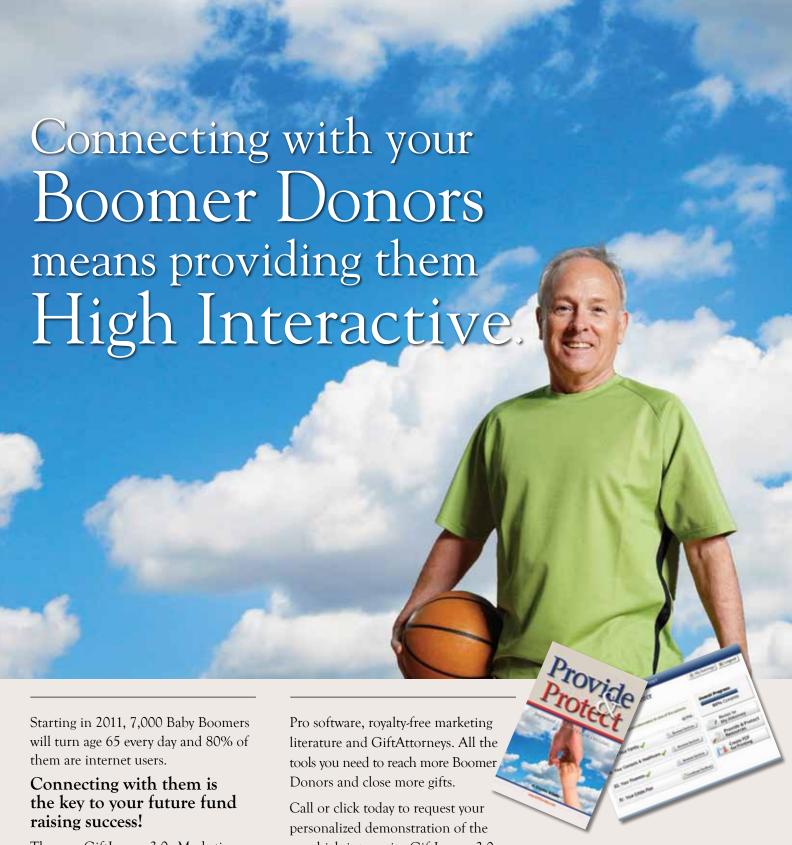
a hospital system with a thriving event-driven fundraising program to a high-performing development program that is now fully integrated into the health care organization's strategic mission and raising unprecedented funds in support of that mission.

The ladder was moved to a new wall. The vision to do so may have come from many players, current and past, but accomplishing this feat required the direction and guidance of leadership from the top. As Fine outlines, he continues to be

We are all leaders—of our volunteers, our donors, our employees and our programs.

intimately involved in the execution, monitoring and reevaluation of that strategy on a regular basis. He has embraced his philanthropic role, working closely with his development leaders, assisting with cultivation, solicitation and donor relations and spearheading efforts to create a constant culture of philanthropy within the health care organization.

Hopefully, your health care leadership is actively involved in philanthropy. Research tells us, however, that just over half of health care CEOs participate in development efforts and only 35 percent of CEOs have



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philanthropic goals incorporated into their performance criteria. The good news is that both these numbers have been steadily increasing in recent years, but we have a long way to go.

In speaking of the culture change at Banner Health, Fine discusses the support of leadership at all levels, including the hospital and foundation leadership, board leadership and employee and physician leadership. Moving that ladder required both individual and group efforts. Of course, we are all leaders—of our volunteers, our donors, our employees and our programs. And the same lessons from Banner Health's story apply.

Also in this issue, Jill Kurszewski shares her experiences with volunteer fundraising and Joe Waters looks at the pros and cons of cause marketing. Both authors talk about the importance of aligning decisions about partnerships with organizational goals and taking risks to explore new goals to support a larger mission. Creating a constant culture that encourages this type of leadership is essential to organizational success. And truly successful organizations drive that culture, and live it, from the top, leading the way.

Editor's note: For more resources on health care organization CEO involvement in philanthropy, including a sample "CEO Philanthropy Job Description," visit www.ahp.org/Fall2011journal. Or use your smartphone, download a QR barcode app and scan the code below to access these resources now.





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I'M A FIRM BELIEVER THAT YOU NEED TO PLAN THE WORK AND WORK THE PLAN. A CEO's review of the evolution of his organization's approach to philanthropy and the role leadership plays

eadership matters. That phrase, coined by a generous donor and longtime member of the Banner Health board of directors, is at the heart of Banner Health and its mission of making a difference in people's lives through excellent patient care.

As president and chief executive officer of Banner Health, I can tell you that we recognize the invaluable impact of strong leaders who are engaged, enthusiastic and unequivocally involved in our organization's success. This includes employee leaders at every level as well as the many dedicated volunteers who generously and graciously support us through leadership positions on the Banner Health board of directors and our foundations' boards of directors.

In fact, strong leadership from our foundations and their respective boards has enabled us to experience great philanthropic rewards, reach many milestones and, ultimately, pave the way for future success. However, this hasn't always been the case.

For a number of years, Banner Health Foundation's philanthropic endeavors were tied to a multitude of special events and fundraising activities, each of which supported a different program or service at one of our hospitals. While these programs are all vitally important and worthy of charitable support, focusing our fundraising resources and efforts on such a diverse mix of services didn't necessarily match or best serve Banner's top priorities. As an organization that is deeply committed to a strategic plan for achieving industry leadership, there was a disconnect between our patient-care objectives and our philanthropic approach. Fortunately, we recognized the gap and responded with a solid plan. And I'm a firm believer that you need to plan the work and work the plan.

The plan that worked for us involved three main elements: an organization-wide change in our culture and the expectations we set for our leaders; a shift in how leaders, including myself, approach interactions with donors; and an evolution in how the president and CEO of our foundation and I work together to align our strategy with the larger economic forces affecting philanthropy today.

A culture of philanthropy

Through the leadership of Andy Kramer, president and chief executive officer of Banner Health Foundation, and the careful recruitment of business- and philanthropically-minded individuals who each possess a clear understanding of and appreciation for the fundraising process, we have developed strong boards of directors and volunteer councils that have proven instrumental to our success.

With their guidance, we have narrowed our areas of fundraising focus to support a select number of services that are of a broad strategic importance to the organization. And while we continue to host a select few signature fundraising events like galas and golf tournaments, our giving programs now also include capital campaigns, service-line specific campaigns, major giving initiatives and much more.

These transitions have required reestablishing who we are in the philanthropic community as well as building a culture of philanthropy within Banner Health. Because leaders set the tone of an organization, we have and continue to communicate to the CEOs and executive leaders of our many hospitals and care centers about the role of philanthropy in achieving our vision of industry leadership.

It is an expectation that all of our hospital leaders take part and are engaged in the solicitation and stewardship process, both for their individual facilities and for the system as a whole. Like me, they might lead a private tour, attend a cultivation event or have dinner with foundation staff and prospective donors. The frequency of such activities varies based on donor interest or the stage of a particular fundraising effort, but the commitment is constant. Involvement from our executive leaders and facility CEOs is critical to executing successful fundraising strategies. And for Banner Health, success is measured by support from both those outside the organization as well as from employee donors.



The question became less about the ways in which to raise money and more about who could and should be involved in the process. At the end of the day, all signs pointed to the organization's leadership.

We—and that includes me, our executive leaders and the CEOs of our hospitals—continually share stories with employees about how charitable contributions are making a difference in the lives of the patients and families they serve every day. But rather than just tell employees how donations make a difference, we invite them to become part of the philanthropic fabric of Banner Health by participating in an annual employee giving campaign.

From the senior executive and hospital leadership teams at each of our facilities to employees who willingly accept campaign leadership positions, we have leaders of all walks serving as active participants in our giving initiatives. They understand their roles as ambassadors of charitable giving and openly communicate

Editor's note: You can learn more about Banner Health's philanthropic transformation by reading "Partnering with finance: A successful model for collaboration," by Jeff Buehrle and Barbara Gordon, published in the Spring 2007 AHP Journal. The authors discuss how a new model of collaboration was established between Banner Health's finance and philanthropic organizations in order to increase fundraising goals to an unprecedented level. Download the article from www. ahp.org/Fall2011journal. Or use your smartphone, download a QR barcode app and scan the code

below to access

these resources

now.



our philanthropic messages.

By setting an example of giving at the top tiers of our organization, our internal fundraising initiatives have created a ripple—or, in Banner Health's case, a wave—effect of support that has spurred camaraderie, ignited friendly competition between hospital departments and facilities and, ultimately, helped reinforce our efforts to create a culture of philanthropy.

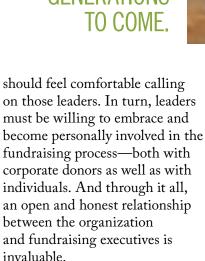
Building a base of leaders who support the idea and practice of giving and creating a culture of philanthropy has enabled us to transition from an organization that focused on fundraising through events to a more comprehensive fundraising institution. We are supported by employees, grateful patients and many other individuals and corporations and foundations that all believe in our mission and trust that we are responsible stewards of their gifts.

Using the "bully pulpit"

Once we had a clear understanding of where to focus our fundraising efforts, the question became less about the ways in which to raise money and more about who could and should be involved in the process. At the end of the day, all signs pointed to the organization's leadership.

Involving leaders in the fundraising process conveys to donors that their support and advocacy is critical to fulfilling the organization's mission. However, it is not feasible for the top leader or leaders to be involved in every meeting with a potential donor.

The fundraising team must be selective when it comes to bringing executives and hospital leaders into the fundraising fold, yet they I'VE SAT
AROUND
KITCHEN
TABLES WITH
DONORS
TALKING ABOUT
HOW THEIR
GENEROSITY
CAN IMPACT
THE LIVES
OF MANY
PEOPLE FOR
GENERATIONS
TO COME.



I've found that decisions about if and when to involve leaders in fundraising can come down to everything from a gut feeling about a particular donor to the size of a potential gift. If it's a sevenfigure contribution, you can bet I make myself available. In some months, I may take part in just a few fundraising activities, but other months may require more of my time, perhaps four or five meetings, socials or formal events. No two months are the same and schedules are busy, but I always try to make time.

Often, I don't get directly



involved with a specific donor until the final stages of the solicitation process, typically after he or she has met with the hospital CEO or other leader. Our experience tells us that toward the end of the courtship is the highest point of influence and the time at which meeting with the organization's top leader can provide prospective donors with the confirmation and affirmation that their gift is treasured.

I've accompanied Andy to meet with potential donors in their homes. I've sat around kitchen tables talking about how their generosity can impact the lives of many people for generations to come. It is a humbling experience. Similarly, I've joined our fundraising representatives for meetings with some of the largest private and public corporations to discuss the reasons why Banner Health is a viable and valuable giving option. With each encounter, I am reminded that people often have different

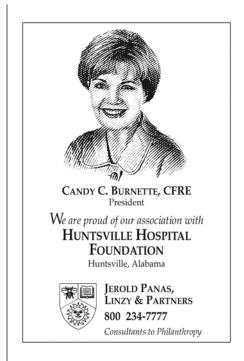
motivations for giving back. Each is worthy and each is meaningful. But just because a donor may not see or meet me until further along in the fundraising process, that doesn't mean I'm not involved behind the scenes.

Strategic alignment

Andy and I chat regularly about what her team is working on, the strategy behind a certain approach or the follow-up plan for a recent encounter with a prospective donor. This is when expectations for particular situations or encounters are outlined so no one is surprised. These conversations also provide an opportunity for me to keep her and her team abreast of situations, events and activities that may, in some way, impact the fundraising process or our philanthropic message.

For instance, the current economic environment has shined a spotlight on the increasingly important role of philanthropy within the health care industry. From health care reform to state budget challenges, many economic and political factors are impacting our bottom line—and our dependence on philanthropy is growing exponentially.

In any given week, I have the opportunity to address a targeted audience—sometimes internal, sometimes not—that has the ability to support our fundraising efforts. I believe it is essential that I, as a leader, carry the messages that are supportive of these efforts. It is not always a direct message of giving to Banner Health, though I will deliver that message whenever necessary and appropriate. Sometimes it's a more subtle message of clinical excellence and how, by working



to fulfill our nonprofit mission, we are meeting the needs of the communities we serve.

As a leader in an organization that challenges everyone to do more, give more and achieve more at a time when health care systems are being forced to provide more with less, I believe fundraising is an essential part of leadership.

I greatly appreciate the many wonderful things we are able to provide to our patients, their families and our communities because of the generosity of others. It's only natural that I be willing and ready to take part in the process.



Peter Fine, FACHE, is president and CEO of Phoenix, Arizona-based Banner Health, one of the nation's largest nonprofit health care organizations, operating

hospitals and services in seven states with more than 36,000 employees. He has received numerous honors, such as *Modern Healthcare's* 100 Most Influential People in Healthcare for 2011, the *Phoenix Business Journal* Most Admired CEO Award 2010, and the *Arizona Business Magazine* Healthcare Leadership Award in 2010.

Cause marketing: Is it time to take the plunge?

ACCORDING
TO THE IEG
SPONSORSHIP
REPORT, CAUSE
MARKETING
IS FAST
OUTPACING
ALL OTHER
SPONSORSHIP
CATEGORIES.

What your organization needs to know to weigh the pros and cons of a cause marketing program

he siren song of cause marketing has grown so beautiful and bewitching that nonprofits feel as if they have to choose: Should they resist and lash themselves to the mast or jump overboard and swim to join the chorus? While health care organizations can find many good reasons to start swimming, before taking the plunge there needs to be a solid understanding of what cause marketing can and cannot do for an organization and the pros and cons.

Cause marketing defined

Cause marketing is defined as the partnership between a nonprofit and for-profit for mutual profit. The profit for a cause may be monetary or in-kind donations and greater awareness; for a company, it may be increased favorability with consumers, which may improve customer loyalty, drive sales or improve employee retention.



There are six common types of cause marketing:

Point-of-sale. When consumers are solicited, either by a cashier or by signage at the register, to donate to a cause. For example, Walmart sells paper balloons for a dollar to raise money for the Children's Miracle Network.

Purchase-triggered donations. When a company offers to make a donation to a cause when a shopper purchases a particular product or service. On World Aids Day, Starbucks donates 5 cents from every handcrafted beverage sold to Product RED.

Licensing. When the company pays the cause a fee to use its name, logo or seal of approval on a product. For example, Oreck pays a fee to the Arthritis Foundation to display its "Ease of Use Commendation" seal on its upright vacuums.

Message promotion. When the company puts its marketing muscle to work in promoting a cause in print, broadcast or radio. ConAgra Foods did

just that for Feeding America with an integrated campaign involving national magazines, advertorials and full-page newspaper ads to localize the child hunger problem in each community.

Employee engagement. When a company taps its employees to support or volunteer for a cause. Home Depot's partnership with KaBOOM! built 1,000 playgrounds in 1,000 days, which involved nearly 100,000 Home Depot volunteers.

Digital. When a company and cause work together on a program online or with mobile or social media. Microsoft's Bing teamed up with DonorsChoose.org for "Our School Needs," a cause-related contest designed to support kids' education by inviting participants to tell the story of what their school needs with videos, pictures and an essay.

The pros

There are many good reasons why health care organizations should consider cause marketing.

\$1.17 billion
Projected cause
marketing spending
in 2011

First, cause marketing has been a fast-growing industry since the early 1980s when American Express involved its card members in restoring the Statue of Liberty. According to the *IEG Sponsorship Report*, cause marketing is outpacing all other sponsorship categories. Compared to 1990 when spending reached \$120 million, cause marketing is predicted to hit \$1.7 billion by the end of year.

Some of the successful cause marketing partnerships that come to mind are the Yoplait yogurt and Susan G. Komen for the Cure's "Save Lids to Save Lives" campaign, as well as Macy's department store and the Makea-Wish Foundation's nostalgic "Believe" holiday campaign.

Second, there are many great examples of hospital success stories. St. Jude Children's Research Hospital, City of Hope, the Dana Farber Cancer Institute and many children's hospitals around the country have raised tens of millions of dollars with cause marketing. It's hard to argue against that success and the impressive numbers those hospitals have posted.

Third, research from the 2010 Cone Cause Evolution Study shows that cause marketing speaks to two key demographics: millennials—those born between 1977 and 1996—and mothers. Millennials are tomorrow's major givers so cause marketing may be a critical touchpoint, and mothers traditionally make the majority of the spending decisions for households and therefore are important players to reach.

The cons

There also are many good arguments that may compel health care organizations to lash



Cause marketing speaks to two key demographics: millennials—those born between 1977 and 1996—and mothers.

themselves to the mast instead of testing the cause marketing waters.

Controversies, such as the negative public reaction when Susan G. Komen for the Cure partnered with Kentucky Fried Chicken in 2010 or Patriots quarterback Tom Brady's admission that he received an expensive Audi for his support of a fundraiser, would give any nonprofit reason for pause.

Studies also suggest that consumers have concerns about cause marketing, including the lack of transparency with such campaigns, discomfort at being solicited at retail registers and the potential negative impact of cause marketing on more traditional and generous forms of charitable giving.

Cause marketing is alluring, but, like the Sirens from Greek mythology, is it dangerous? I personally believe that it makes very good sense for some health care organizations and should be explored by most organizations. Part of that exploration is gaining a sense of what cause

marketing realistically can and cannot do.

What cause marketing can do

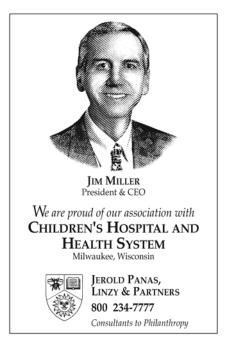
Cause marketing is a good fundraiser, kind of.

Cause marketing can be an effective fundraiser for health care organizations. In 2010, Ocean State Job Lot, a 100-store discount retailer in New England, raised close to \$300,000 in less than a month for Boston Medical Center. But that amount is small compared to the millions the Jimmy Fund, the fundraising arm of the Dana Farber Cancer Institute, raises with supermarket chain Stop & Shop each year—\$50 million since 1990. However, most causes will never enjoy that kind of success. I advise nonprofits to expect to raise between 5 and 15 percent of their annual revenue from cause marketing. If you're hoping to hit the lottery with cause marketing, look elsewhere.

Cause marketing is a good way to build awareness.

While hard to measure, most cause marketing fundraisers firmly believe that it generates additional awareness for their health care organizations. When I managed cause and event marketing at Boston Medical Center, we were able to measure the value of our cause marketing program in helping to promote special events. Survey results from 400 attendees of an annual Halloween fundraiser showed that 1 in 5 persons that attended the event learned of it from a cause marketing promotion.

Cause marketing is good at deepening bonds between partners. Cause marketing





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Liz Thompson



"The program has not replaced our planned giving program, but has enhanced it, giving us one more tool to use. Our results have been outstanding!"

ERIC QUIST
Manager of Gift Planning; MultiCare Health Foundation,
Mary Bridge Children's Foundation



"Our donors are not just executing a "business transaction," but rather a plan that allows them to honor their families, support the charities that are important to them, and leave a legacy of caring and sharing in their community."

CANDACE BURNETT
President; Huntsville Hospital Foundation



"Practitioners see significant practical value in the process and are eager to collaborate with us in meeting donor needs and desires."

TOM SULLIVAN
President; Children's Memorial Foundation



"There have been three unexpected results. First, the process has enhanced our relationship with donors. Second, donors with children are making more and larger gifts to our foundation than ever before. Third, is the benefit to other charities."

DON IRELAND-SCHUNICHT
Sr. Vice President; lowa Health



"The process has helped to establish a place for the Foundation as a community collaborator and convener. We aren't seen as self-serving, but rather a nonprofit leader who is building relationships in northern Colorado."

JULIE JOHNSON HAFFNER
Executive Director; McKee Medical Center Foundation



"Our donors are grateful for the opportunity to have their entire estate plan analyzed which often results in gifts not only to our organization, but to other charities as well, benefiting our entire community."

BRIAN MORTENSON
President; Sanford Health Foundation

"This program is superb with a capital 'S'. I highly recommend this service."

RETIRED ANESTHESIOLOGIST

"My wife and I completed a thorough review of our estate plans through this program. It was reassuring for us all that Thompson & Associates had no product to sell and that all information shared with our consultant was strictly confidential."

-HOSPITAL CEO

"I liked the discussions about my values and my legacy and how I wish to be remembered. That prompted some good discussions with my family."

-VOLUNTEER

"As a result of this process, we made significant changes to our plan which resulted in our being able to leave more to our heirs, give more to charity and pay very little to the government in taxes."

BOARD MEMBER

programs frequently bring organizations closer to corporate donors, which in turn spurs additional giving. CEOs or business owners who personally support hospitals will often deepen their engagement by linking their businesses and employees through a cause marketing campaign.

Cause marketing is a nobrainer if you already have a partner. The most important asset, after understanding what cause marketing is and how it works, is a corporate partner to execute a program. With a committed partner, all is possible. If you have an existing partner, get moving with cause marketing. You're closer to executing a successful program than you think.

What cause marketing can't do

Cause marketing doesn't

build brand. A brand is what people experience when they come into contact with your cause. The more powerful and positive the experience, the stronger the brand. Exceptional cause brands include Feeding America, Product Red and St. Jude Children's Research Hospital. Unfortunately, many hospitals don't have a strong brand, and it is a mistake to think that cause marketing can help build one. While it can drive awareness and promotion, with a few notable exceptions, cause marketing is an identity enhancer at best.

Cause marketing isn't for the indifferent. Anyone who has ever started a cause marketing program hopes that it will lead to many, many corporate partnerships. I know I did at Boston Medical Center.

And we had some success as we recruited more than 40 partner companies that did everything from pinups—paper icons sold at the register for a buck—to register coin canisters. But we had to dedicate six staff people to the effort, which was neither cheap nor easy. If you plan to start a cause marketing program, be prepared for a small return, unless you also plan to make a big commitment to it.

Cause marketing partnerships can be transactional and fleeting.

Of the partners you recruit for cause marketing, plan for high turnover. Like friends, few companies will be committed to your partnership for the long term; the majority will come and go based on timing, objectives and economics.



Cause marketing is more about marketing than mission.

You need to sell partners on the business benefits of cause marketing first and then on your mission. Businesses are interested in attracting and keeping customers first and foremost, and cause marketing is one way to achieve those objectives.

How to get started

If you adopt cause marketing, here are a few things to keep in mind.

DO be happy if you just raise money. Cause marketing can accomplish a lot of things, but money is something you can see, count and use. While cause marketing can enhance identity, build awareness, promote events and boost employee and customer loyalty, measuring these outcomes is difficult and beyond the expertise of most organizations.

DO know that experience and skill count. Don't pursue a cause marketing program unless you have marketing and sales skills and a good working knowledge of how businesses operate. If you lack those aptitudes, hire someone to help you create your program, pitch it to prospects and execute it after the deal is done.

DO educate yourself. There are plenty of resources available to learn about cause marketing. One of the best is the Cause Marketing Forum, which has a great website (www.causemarketingforum.com) that presents educational examples and case studies. It also has an annual conference where you can meet and learn from experienced cause marketers.

DON'T move too fast. A homeless shelter down the street from Boston Medical Center has a wonderful annual cause marketing promotion with a restaurant chain that raises thousands of dollars.



Laws impacting cause marketing vary from state to state. Be sure to consult the laws in your state before proceeding.

It does cause marketing—once a year—but hasn't committed staff and resources to growing a bigger program. That's probably a smart move. Many causes have existing corporate relationships that can easily be turned into cause marketing promotions. But before organizations commit to a broader cause marketing effort, they need to reflect on their willingness and ability to execute. Most should think twice.

DON'T derail your program by not understanding the ethical and legal side of cause marketing. Cause marketing is an evolving field that is moving toward more transparent, tangible programs that assure donors that monies raised are going to good causes and making a difference. Cause marketing is also getting more attention from lawmakers. Laws impacting cause marketing

vary from state to state. Be sure to consult the laws in your state before proceeding.

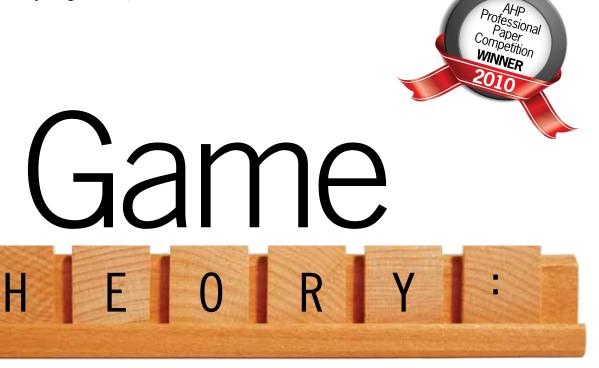
DON'T be arrogant. We all like to think we work for wonderfully unique organizations with huge potential. While you may work at such an organization, your bright future still may not include a cause marketing program. Stop believing your own public relations and following your ego. Wasting money and resources on cause marketing based on a heady, misguided belief that your organization could be the next St. Jude Children's Research Hospital is not realistic, smart or responsible.

Odysseus' arrogant belief that he defeated Troy without the help of the gods is what drove the sea god Poseidon to punish him with seven years of wandering, which included a run-in with the deadly Sirens. Cause marketing poses its own dangers, if we only hear its sweet sound and ignore the signs that we should proceed carefully.



Joe Waters teaches nonprofits and businesses how to use cause marketing and social media to establish, grow and deepen relationships with stakeholders. He

blogs on cause marketing and social media at Selfishgiving.com and is the co-author of *Cause Marketing for Dummies*.



One tool for understanding donor motivation

HOW DO WE STRIKE A BALANCE BETWEEN THE SCIENCE AND THE ART OF FUNDRAISING?

The author wishes to acknowledge the contributions and assistance of Mike Eicher, senior VP for external affairs and development, The Johns Hopkins Institutions.

evelopment professionals often say fundraising is both an art and a science. In very rare cases I have heard some say fundraising is entirely one or the other—all art or all science. I think most of us would agree those extremes are incorrect. However, allowing for a blend of some art and some science leaves a lot of room for interpretation. We can assume there are no magic proportions of art and science in order to succeed. I might adjust my blend multiple times during my career, during a campaign or even within a single cycle with a single donor.

Because fundraising is a sociological and psychological exchange, balancing the art and science of development creates friction. Major gifts require emotional commitments. It is difficult—perhaps even unfair—to reduce those gifts to equations and statistics. But there is also a great deal of experiential knowledge about fundraising, particularly in the realms of economics and statistics, that can guide our activities. We ignore that science at our peril.

How do we strike a balance between the science and the art? Even better, how do we translate between the two languages so that the emotional aspects of fundraising can benefit the scientific, and vice versa?

The answer may lie in the use of game theory, a field of study that melds mathematics and economics with the social sciences. While its title is a bit of a misnomer, game theory is a serious pursuit, as researchers often use games as tools to conduct experiments and illustrate their ideas. Most of us have never studied game theory, but many

people will be familiar with some of its components. Game theory's conclusions are sometimes intuitive, sometimes not. As applied to the field of fundraising, it often underscores things we already accept as truth.

What is game theory?

The concept of game theory really came together with the 1944 book *Theory of Games and Economic Behavior*, by John von Neumann, a mathematician, and Oskar Morgenstern, an economist. Their initial work focused narrowly on finding innovative ways to solve economic problems. Game theory was applied to biology beginning in the 1970s, and today contributes to many different fields of study.

Game theory deals with any interaction in which multiple participants have individual goals and strategies. That could be a seller and buyer, different species of animals or opposing nations. The different participants' goals might conflict or cooperate to any extent. Players might or might not have knowledge of their opponents' goals and desires. Each player must decide what to do based on his or her best understanding of what the other party hopes to accomplish. That sounds a lot like life as a fundraiser. We identify, cultivate and solicit prospects based on our best understanding of those individuals' aspirations.

Game theorists create experiments in order to analyze the options participants can choose. Relatively simple games can illustrate much more complex interactions, such as economic systems or international relations. Typical rules include whether or not the two sides can communicate, whether they have total or incomplete knowledge of each other's motivations, whether there are more than two players and how they share any payoffs. Fundraising employs similar rules.

These games also have solutions: the best scenario for each player to choose, yielding the greatest payoff. The concept of costs and payoffs are central to game theory. When people are acting rationally they will choose the lowest costs and the highest payoffs. Fundraising exercises often have a "solution": one strategic and tactical plan that, if chosen, will yield greater payoffs than any other plan. One of the most challenging and rewarding aspects of fundraising is trying to find that singular solution. Whether they realize it or not, fundraisers who seek that singular solution are thinking in terms of game theory.

Games are represented by matrices that show the potential payoffs for different choices by each player. A very simple game might have a matrix that looks like the ones shown on page 24, with each square in the matrix showing the results of both players' choices—when both players make Choice A, when Player 1 makes Choice A but Player 2 makes Choice B, and so forth. The first number in each box is Player 1's "payoff"—which could be a measure of time, dollars or whatever the object of the game is, with a positive number showing

exercises often have a "solution": one strategic and tactical plan that, if chosen, will yield greater payoffs than any other plan. ... Whether they realize it or not, **fundraisers** who seek that singular solution are thinking in terms of game theory.

Fundraising





The game theory case for nonprofit status of hospitals

Most of the health care systems in the United States are organized as nonprofit corporations. This provides a number of benefits to society. It often means those hospitals are governed by local board members who represent the community, rather than distant shareholders. It means that net revenues remain within the community.

Nonprofit status also allows health care systems to seek their funding in part through charitable contributions.

Some people would prefer to strip health care systems of their nonprofit status. Game theory shows this would result in a significant loss of funding for health care in America. Take away the incentive of charitable gift tax deductions and there will be fewer contributions. That money would need to be replaced by either health care consumers or the government. Increasing health care costs for consumers is something everyone is trying to reverse, so that does not work. Game theory research shows that government funding can never completely replace charitable giving because it does not crowd out contributions dollar for dollar.

No matter how much money the government puts in, there is always the potential for more funds through charitable gifts, provided the appropriate private benefits are in place, such as tax deductions, because research suggests that people give more for private benefit than public. Regardless of other sources of funding, doing away with charitable gifts to health care providers carries an opportunity cost in billions of dollars.

a gain and a negative number demonstrating a loss. The second number is Player 2's "payoff." When both players select Choice A, Player 1 sees a gain of 30 and Player 2 sees a loss of 30. This is a "zero-sum" game because each player's gain is balanced by the other player's loss.

	Player 1 Choice A	Player 1 Choice B	Player 1 Choice C
Player 2 Choice A	30, -30	10, -10	20, -20
Player 2 Choice B	10, -10	20, -20	20, -20
Player 2 Choice C	5, -5	10, -10	-5, 5

In real life, "non-zero-sum" games—in which both players might gain or both might lose—are much more common. A non-zero-sum payoff matrix might look like this:

	Player 1 Choice A	Player 1 Choice B	Player 1 Choice C
Player 2 Choice A	10, -5	30, 10	10, 5
Player 2 Choice B	5, 10	10, 30	-5, -10
Player 2 Choice C	-10, 5	5, 10	30, 10

The zero-sum myth

Some of the terminology from game theory has entered common usage. The term "zero-sum," as illustrated above, is taken from game theory. A zero-sum game is one in which the two players' goals are in complete opposition; every gain by one player results in an equivalent loss for the other player. Poker is a zero-sum game because there is a finite amount of money around the table, and every dollar won by one player had to come from another player.

Many people, including some development professionals, think

of fundraising as a zero-sum game. In this scenario, the players in the game are either two or more nonprofits—or two fundraisers in different departments within a large organization—vying for a donor's contributions. How often do people refuse to cooperate with another fundraiser because they believe it will result in them receiving a smaller slice of the pie?

Imagine a hospital seeking \$50 million to help build a new interdisciplinary patient tower. Fundraisers from five departments are invited to be part of a collaborative team to raise that money. Agreeing to join the group would be an obvious choice, but, once there, each player's choices become more complex. For example, collectively it serves the group's goal for someone at the table to offer a \$10 million lead prospect. But individually, a fundraiser's instinct is to keep that prospect for his or her department.

This is an example of a non-zero-sum game in which payoffs can accelerate if players cooperate. Even knowing this, however, people in these situations typically choose what is best for them individually while disregarding the welfare of the group. If we refuse to accept the idea of zero-sum, then we are able to elevate the individual donor's sights and the level of philanthropy in our organizations. Game theory's first lesson for fundraisers is to refuse to accept the zero-sum mindset.

What motivates donors?

A major question in philanthropy is whether donors are motivated to give because of a perceived public benefit or for a private benefit. Public benefits are those that extend to people other than the donor (e.g., making a gift to help build a homeless shelter provides benefits for the homeless people, as

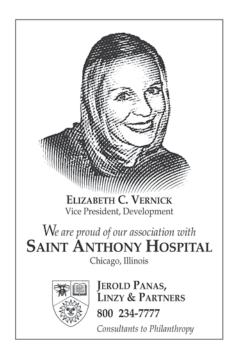
well as the community at large, by reducing the need for government services). Private benefits are the prestige of a naming opportunity, tax deductions, etc. For hospitals, an added private benefit is to improve a health care system the donor might one day need. If we assume people are potentially motivated by both, how can we determine the appropriate blend?

Researchers analyze this question by considering two extreme positions. If the benefit for giving is entirely public, then an individual donor should not care who gives, so long as someone does. An increase in contributions from other donors should cause a dollar-for-dollar decrease in the original contributor's gift. This could lead to a "free rider problem": refusing to give in anticipation that others will carry the load.

On the other hand, if the benefit is entirely private, then an increase in contributions from other sources should have no effect on the original gift. Assuming the truth is somewhere in the middle, researchers can determine aggregate proportions to the public and private balance.

We often work under the assumption that much of the donor's benefit is public. Case statements for many organizations focus on the public good made possible through philanthropy. Furthermore, donors must be able to distinguish between the quality of the service offered with and without their gift. If they can perceive no such difference, then they will believe there is no benefit to their gift. It will be as if the service provided is a public good, without any need of private support. Donors may as well take a free ride.

Most American households give to charity so there must also be some private benefit that prevents







Research suggests that people are more motivated by private benefits than public benefits.

the free rider epidemic. Prestige plays a big part in this. Research shows that donors respond dramatically when grouped by giving level; an increase develops in the proportion of donors giving at the minimum thresholds for various levels. Other possible private benefits are the intrinsic "warm glow" of doing something good, a sense of guilt if one does not give (actually a cost or negative payoff) and a perception that one can only share in the success of a nonprofit by making a contribution.

The typical empirical method for estimating public versus private

benefit is to look at government grants to nonprofits, allowing the government to play the role of the "other" donor. If the benefit of giving is entirely public, then an increase in government grants to an organization should result in a dollar-for-dollar decrease in private giving. Donors focused on the public benefit should perceive less of a need to give.

Surprisingly, most of the research suggests that people are more motivated by private benefits than public benefits. Estimates suggest that anywhere from less than 1 percent to a maximum of

35 percent of giving is driven by public benefits. This has significant implications for how fundraisers plan their approaches to donors. Depending on the personality of the specific donor, it may be less important to stress the public impact of a gift and more important to stress the prestige of a giving society or the intrinsic warm glow of doing the right thing.

A look at lead gifts

Game theory research offers an additional window into what motivates leadership gift donors. Again, it is a question of costs and payoffs. Prospective donors all seek payoffs, public or private, based on their individual preferences. Determining the particular payoff of any gift requires some work by the donor. That work involves a cost, essentially to reduce the uncertainty of making the gift: time to meet with a charity's CEO, time to tour a building, money to do research or pay others to do that research, etc.

This presents a dilemma, and it is an issue philanthropists deal with every day: How do you choose which costs to pay in order to achieve the best payoff from myriad giving options? This is particularly true where the stakes are very high, as in lead gifts for



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large capital campaigns.

James Andreoni suggests in his 2006 article, "Leadership giving in charitable fundraising," published in the Journal of Public *Economic Theory*, that in addition to the public good provided by the campaign project, the lead donor to a campaign creates another distinct public good. That public good is a valuation of the organization and the project, expressed in terms of the lead donor's gift. In other words, lead donors provide a new public good by informing other prospects about the potential payoff of contributing to the campaign. Other donors can forgo the cost of determining whether or not to contribute by simply following the lead donor's example. In essence, the lead donor pays the cost for them.

This all seems great, except for the fact that the lead donor has no precedent on which to base her decision. Someone has to be first, and, because multiple lead solicitations can drain a campaign's momentum, fundraisers labor to decide who it should be. Game theory gives us the answer: The person who will be the lead donor is the person for whom the cost, or uncertainty, of making that decision is lowest.

With this knowledge in hand, fundraisers can plan how to reduce the uncertainty for prospective donors. First, the cost of making the decision is relative to wealth. The wealthier the prospect, the lower his or her relative cost. Status is also important. Both experimental research and anecdotal observation show that following donors will contribute more if the lead donor is an individual of higher status.

Development professionals also can reduce the informational component of the cost by involving donors early in the planning process so the cost is spread over time.

Best of all, fundraisers can place top prospects on their board. This reduces the cost because donors learn about projects through their board service. When notices are printed about mega-gifts to campaigns, one of the most common features is that the donor is a current or former board member of the organization. This is not a coincidence. Board seats, where the cost of receiving information is lowest, should be reserved for the wealthiest and highest status prospects. Experience teaches us this, and game theory confirms it.

Payoffs are also relative. We should think about who receives the greatest reward from the experience of making a lead gift and look for ways to increase those payoffs. Some people approach philanthropy with the mentality of a venture capitalist: They get a significant psychological payoff from being the first to act.

Intuitively, fundraisers understand this critical idea. Success in development often rests on the core assumption that people are inherently charitable. It is not our job to make them philanthropic; it is our job to help them be philanthropic. Prospects often have a great psychological distance to travel in order to arrive at a lead gift commitment. We need to travel as much of that distance for the prospect as we possibly can so they do not have so far to go. This is what we mean when we say we need to "meet the prospect where they are." Game theory teaches the importance of reducing the uncertainty donors feel about making these awesome commitments.

As a final thought, an important

caveat to all this: Game theory is not a universal system for making all fundraising decisions. Some aspects of fundraising do not conform to game theory. People do not always make the rational choice. They do not always pick the option that grants the largest payoff. Emotions sometimes flood the equation and guide these decisions. Game theory is merely another lens through which we can observe, and perhaps predict, the choices made by philanthropists. This is not meant to help us manipulate donors but rather to understand their motivations so we can better help them.

Abraham Maslow, who founded humanistic psychology, said, "It is tempting, if the only tool you have is a hammer, to treat everything as if it were a nail." Game theory is not a universal tool, but it can help connect the science and metrics of fundraising with the art of motivating philanthropists.

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of health care systems and research organizations during his development career, and currently lives in Baltimore with his wife and three children.

Successfully managing volunteer fundraisers



With proper planning and guidance, volunteer fundraisers can help you meet your goals.

Volunteer fundraisers can be a powerful force—if you give them the tools and management they need to succeed.

great phenomenon is popping up across the country: volunteer fundraisers.

Grateful patients and friends, family and colleagues who have been moved by the experiences of loved ones are ready to join the fight by leading fundraising events. These volunteers have passion, drive and connections, all of which make them a force to be reckoned with in the fundraising circuit.

As a resource, they are invaluable, but we need to be sure we handle them with care. It's important to take steps to keep volunteers focused on what is possible and reasonable and guide their efforts in a way that will give them a sense of accomplishment, give your organization good representation and raise money.

The first key to handling these volunteers is recognizing the benefits they bring to your organization. Next, be sure to get everyone on the same page—ideally, get volunteers on *your* page. When both parties know what to expect from each other, the relationship works that much better. Finally, make sure you give them the tools they need to be successful and provide as much information as you can up front. Such preparation will help guide volunteers and give them ideas. It also will ensure that your organization's best interests are kept in mind and that your record keeping needs will be met.

Volunteer benefits

Including volunteer fundraisers in your program mix can provide a number of advantages for you and your organization.

High return on investment. When you have few resources or you have several needs and not enough time, volunteer fundraisers can fill the gaps. With proper program planning and guidance, they can help you meet your goals by creating events and running with them, with minimal staff involvement and budget expenditures. Volunteer fundraisers generate at least \$250,000 annually for Marshfield Clinic—an amount that would normally require months of work and significant staff resources to achieve through our other programs.

Expanded prospect base. Volunteer fundraisers will inevitably call on friends and colleagues to help with their events. If you are lucky, volunteers will have connections that you don't or that you have struggled to make. In addition, these prospects will be hearing about your organization and your great works from a friend—a much more persuasive spokesperson. Steward that gift well and keep up your relationship with your volunteers and you will have gotten your foot in the door with some great new prospects.

Strengthened donor relationships.

Working with a volunteer on a fundraiser offers many opportunities for stewardship. Volunteers select an area they are interested in supporting and raising funds for, and then they take ownership. When they later see the tangible results of their hard work being put to use—whether it's touring a new facility or hearing a patient's story—it strengthens their relationship with the organization and with the development staff. Many of our volunteer fundraisers have already given generously of their wealth. Organizing events provides them with new ways to be involved and deepen their relationship.

How to get on the same page

It is very important to keep your relationship with volunteer fundraisers

Managing your relationships with volunteer fundraisers

Do

- Thank your volunteers.
- Document everything—their goals and intent, your guidelines and assistance.
- Provide guidance and oversight.
- Encourage their dreams while managing expectations.
- Give them the right tools, including guidelines, task lists and other resources.
- Attend their planning meetings when possible.
- Introduce them to key contacts in your organization—help them to feel valued.

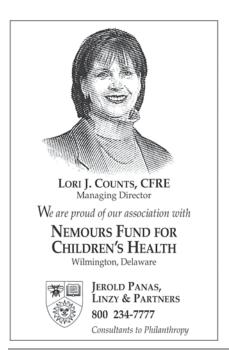
Don't

- Say "no" because you think it will be too much work.
- Say "yes" to everyone—you need to protect your organization from events that do not fall in line with your mission.
- Get pushed out of event plans; always be in the loop.
- Over-promise—be sure expectations are clear.

professional by forming some sort of business agreement with them. This does not have to be a cold, legal contract, but it does need to be a document or conversation (preferably both) that clearly outlines what each party will do, how the funds will be raised, resources they need and where the funds will be designated.

I admit, it does feel a bit awkward when the volunteer has come to you with an emotional personal story and he or she wants to host an event and raise funds to help others. After you wipe the tears out of your eyes, how do you come back to policies and ask this person to sign on the dotted line that yes, they will use your raffle license appropriately, no, they won't solicit your donors and yes, they will give all \$250,000

Amount generated annually by Marshfield Clinic volunteer fundraisers



proceeds to you at the conclusion? You can stay professional while being sympathetic.

After you have had a problem, you learn the hard way how important it is to document an agreement. In the first meeting, you need to listen and then outline your expectations. Stay firm on what your policies are for volunteer fundraisers and what assistance your office can provide.

At Marshfield Clinic, to keep everyone on the same page, we use an application form, a volunteer handbook and a letter of intent.

Application form. All volunteers interested in hosting

an event for Marshfield Clinic receive an application and our fundraising handbook. We include a disclaimer that the application is not technically an application, but rather more of a thought-provoking questionnaire to help volunteers lay out and commit to their ideas. The application also serves as a formal document that our department can review and then keep on file. Questions include:

- What type of event would you like to hold? (Name, date and place.)
- What is your goal?
- How will you meet that goal?
- Who will you solicit?

Volunteer handbook.

Marshfield Clinic has created a handbook that outlines all of our policies regarding volunteer fundraisers—including specifics on what we can and can't do.

- We do provide: advice, assistance with creation of promotional materials, event promotion and publicity, tour of the clinic for the planning committee and assistance with donor and sponsorship recognition.
- We do not provide: start-up money, mailing lists of donors, employees or physicians and staffing to work an event.

The handbook also includes ideas and examples of past volunteer fundraisers. We provide specifics: What were these events? How were they successful? How did the volunteers and development office work together? Providing event suggestions is important. Some of the best fundraising events start as "copy cats," but they always seem to take on their own life and identity based on the volunteer in charge.

Both the application and the handbook are important reference materials. They help demonstrate

Volunteer fundraiser ideas list

Marshfield Clinic encourages volunteers to try their hand at a wide variety of events, including:

- Sports tournaments (golf, fishing, billiards)
- Dinners
- Auctions
- Galas
- Garage sales
- Bake sales
- Fashion shows
- House tours
- Car washes

Volunteers also have hosted some less-traditional events, such as office "pink days" (employees make a donation for the privilege of wearing as much pink as they can to work) and dueling pianos events.



to the volunteer that we are serious about working together, but that there are certain rules to follow. They also are resources that help volunteers to create great events.

Letter of intent. Once a volunteer has completed the application and reviewed the handbook, we are ready to prepare a form listing the resources we are able to provide. Marshfield Clinic uses a letter of intent that we provide to the volunteer.

The letter clearly states everything we talked about in the more casual settings—what they will do, what the development organization will do and what happens after the event. This becomes a resource for the staff and the volunteer when putting together an event, and it also leaves a paper trail should any questions come up or problems develop.

Volunteer support

Depending on the size and scope of the event, Marshfield Clinic offers volunteer fundraisers a wide range of support. We may meet frequently with the volunteers and attend their committee meetings—particularly if they are starting from scratch with a brand new idea—or we may have limited face-to-face interaction. We may provide printed materials and help with promotions, or leave that to the volunteers, with our review and approval.

The most useful tool to provide volunteers is a task list. Your volunteer has great ideas in his or her head, but when it comes to putting those ideas on paper and assigning volunteers and due dates, it can get overwhelming. This task list will ultimately help drive your volunteer's work. As event planners, you have your own event tracking

tools, so share your system with your volunteers and they will thank you.

The challenges

There is always room for problems when working with volunteer fundraisers because that line between "their event" and "your organization's event" is quite thin. Just remember, you are a resource to them. Give them advice when they ask for it, or when you see that they need it, in order to follow your guidelines for fundraising. Otherwise, let them run the event. If you overstep your boundaries, you can easily turn an enthusiastic volunteer into a disgruntled volunteer if they feel you have taken over "their event."

Since someone else will be in charge, invariably there will be problems that arise. Your logo may be used incorrectly or raffle license





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Consultants to Philanthropy

guidelines may not be followed. Those things happen when working with volunteers. Do the damage control that you can and then guide them back on track.

There can be some highmaintenance volunteers with very high expectations, but remember they are volunteering their time. And whatever the potential for problems, the benefits far outweigh the challenges.

Volunteer fundraising events can be a healing time for families and friends who have lost a loved one, or a celebration for those supporting a colleague who has beaten a health battle. You will hear beautiful stories of courage, faith and strength that will give you a shot of energy to get back to work, grateful that you have the opportunity to be part of the story.

Editor's Note: To view Marshfield Clinic's volunteer handbook and forms, visit www.ahp.org/Fall2011journal. Or use your smartphone, download a QR barcode app and scan the code below to access these resources now.





Jill Kurszewski is the annual giving and special events coordinator for Marshfield Clinic, a 54-location health care system in Wisconsin, where she coordinates eight

annual events and manages the volunteer fundraising program. Kurszewski graduated from the University of Wisconsin–Eau Claire with a bachelor's degree in journalism.

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RuffaloCODY is proud to have partnered with many hospitals, medical schools and healthcare organizations - including the following:

Hospitals and Healthcare Institutions: Alegent Health Foundation, Allina Hospitals and Clinics, Beaumont Hospital Foundation, Christiana Health Care Foundation, Geisinger Foundation – Janet Weis Children's Hospital, Gundersen Lutheran Medical Center, Henry Ford Health Systems, Iowa Health System, LifeBridge Health Foundation, Lucile Packard Foundation for Children's Health, Phoenix Children's Hospital Foundation, Sacred Heart Medical Center Foundation, Sharp HealthCare Foundation, St. Joseph's Mercy Health System, University of Michigan Comprehensive Cancer Care Center

Medical Schools: University at Buffalo, University of Chicago, University of Cincinnati, University of Colorado, University of Connecticut, Des Moines University, Duke University, Florida State University, Indiana University, Johns Hopkins University, University of Mississippi, University of Missouri - Kansas City, New York University, University of North Carolina at Chapel Hill, University of North Dakota, Ohio University, University of Pennsylvania, Philadelphia School of Osteopathic Medicine, University of Rochester, Rush University, University of South Florida, Stanford University, Temple University, Tufts University, UCLA, Vanderbilt University, Wake Forest University, University of Western Ontario

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Contact us now to learn how we can help you with your grateful patient, major donor, planned giving and donor renewal programs.





Make your personal brand work for you

A disciplined examination of your image and reputation can help your career take flight.

"BRANDRAISING"
IS A TREND
YOU CAN APPLY
TO YOUR OWN
CAREER.

major trend these days for nonprofit organizations is to focus on branding, and many are going through rebranding exercises and creating new taglines. In fact, Sarah Durham has created a new name for such actions in her recently published book: Brandraising—How Non-profits Raise Visibility and Money Through Smart Communications.

Brandraising is a trend you can also apply to your career as you strive to move to the next level. You need to think in terms of creating your own brand and ideally come up with a tagline that helps you get ahead of the competition.

If you start from the stance that our role as human beings is to understand others—to get to know their values—you first need to understand yourself and get in touch with your own values. That way, you can become a better citizen of your community and the world.

What is your brand?

During a recent stay at a W Hotel, I noticed a George Bernard Shaw quote written above the mirror in the main room: "Life isn't about finding yourself. Life is about creating yourself." Branding is all about creating. What do you want others to think about you? What do you think makes you more valuable, interesting and separated from the rest of the crowd?

As an exercise, take a couple of minutes and write down one word—or several, or even a sentence—describing how you want to be perceived.

Next, determine how others perceive you. Hand-pick a few people you are close to and ask them to write down what they think about you as a professional. Ask them to use one or two words or a short sentence (no more) to describe how they perceive you. Those individuals can be a supervisor, peer, subordinate or significant other, but they must be people you interact with on a regular basis.

I get dozens of emails a day, and most are from people I know. When I see their names on my screen I also "see" them—I imagine them in my mind's eye. You need to know how important that is in creating your own personal brand. What is that picture? Not just how you look, but who you are.

Think about the people you admire most, and figure out why you hold them in high esteem. How do you perceive them? What is it that attracts you to each person? What do you need to do to reflect that type of image?

When doing reference checks for clients, we ask every person this question: If we could make the candidate a perfect "10" for this position, what attributes or qualities would need to be further developed? That's a good question for you to ask others about yourself. Notice that the question is not asking for negatives. You get better responses when people are asked how a person could be even better.

Represent your brand

Everyone has brands that they are loyal to. Why? Because you can always rely on those items to meet your expectations. They are consistent. So shouldn't you be?

It goes back to the exercise where I suggested you jot down a few words about yourself. Are your actions supporting your brand?

I was at the board meeting the other day and the president was about to start. Noticing one member was absent, the president said, "We are all here but Matilda. Maybe we should wait a few minutes." Someone spoke up and said, "Matilda is always late. Let's proceed." That speaks volumes!

Part of your personal brand

is not only your actions but also how you dress, how you speak, how you handle yourself in a meeting or crowd and how you present yourself in writing and online, among other things. Do these aspects of your professional life consistently characterize how you would like to be perceived by others? Following are a few tips on how you can best represent your brand.

Resumes and other career building tools. Your resume is one of the most important, if not the most important, tools you have for getting an interview, whether with a search consultant or a direct employer.

Keep your resume clean and don't try to dazzle the reader with your ability to use design software. Just use a simple, readable font (size 11 or 12), and don't worry about keeping it to two pages. Remember, most people reviewing resumes are likely to hold senior management positions and may be over 40. That's when the eyes start to go so keep



the font size readable.

Avoid using exotic scripts or a colored landscape on your resume. Employers today will download and share it with others, and you just don't know what it will look like on other printers. Most individuals use their personal email address on their resumes rather than their work email, as they should. Just make sure it is professional—not SkiBum.com—and includes your name.

Consider creating a personal calling card in addition to your business card. Keep it simple and distinctive, include your email address in a large font to ensure it's easily readable and add a personal tagline under your name. Examples of taglines that you could create to best reflect your persona: Social Entrepreneur, Born to Lead, Born to Care or Volunteer Extraordinaire.

Also, consider a quote sheet to include as an additional document with your resume. Incorporate quotes from letters of reference or emails you may have received complimenting you on a significant achievement or accomplishment.

Finally, create your own website. Post your resume, photos, quotes, a short bio and articles you have written; you might also want to include a blog. A website is a great way to control how you are perceived.

Dress. You should consider establishing a distinctive style that works for you and your body type. As emphasized earlier, it's all about consistency, something that men probably do better than women. You should not change your clothing style each season with the latest fads, which is not to say that you shouldn't have a few trendy items in your closet, but it's best not to wear them to an interview, a board meeting or a meeting with a donor. The same applies for hairstyles—avoid fads, and save the three-day beard look for the weekends.

Don't forget that what you carry represents your image as much as what you wear. Bring a briefcase or leather folder with a note pad to an interview or meeting, but leave the messenger bag, backpack and water bottle in the car—or better yet, at home, in case someone

walks you to your car and spies it along with fast food wrappers in the back seat.

Overall demeanor. Behavioral research continually underscores the fact that image makes a much larger first impression than does substance. Therefore, you need to be aware of the three factors that make up your personal image: voice, body and words.

- **Voice:** Pitch, pacing, intonation, accent, questions, break system (i.e., ums and ahs).
- **Body:** Hands, facial animation, stance when standing, posture when standing or seated, eye contact, walking, heel placement, clothing, hairstyle, position of your body in relation to your audience.
- Words: The substance.

These three factors make up 100 percent of the first impression you will make in any situation. You may be surprised to learn that the percentage impact your words make is only 12 percent. The balance of the 88 percent is your voice and body—your image. And of that,







Three factors make up your personal image: voice, body, and words.

50 percent is your body and 38 percent is your voice (but not what you actually say).

Other research confirms that you have no more than seven to 15 seconds to make your first impression. Simply put, you must never forget that your demeanor and style speak louder than your words.

Other career tips

Politics. Be careful when publicly taking stands on political issues. We all have the right to our opinions and to get involved in campaigning for causes and candidates. But it can come back and bite you. Keep it off your resume and any publicly searchable online sites—unless, of course, this is part of your mission and branding. But know that in this new online world, it can have a long life.

References. Talk with your references about what they will say, and don't be shy about suggesting the qualities and characteristics you want them to share with prospective employers based on the

position you are seeking. Go back to what you wrote about yourself in the branding exercise. You want some consistency from all your references.

Continuing education. We are finding that more and more, employers prefer candidates who are certified: CFRE, FAHP, ACFRE, CSPG or equivalent. Being able to place any of those designations after your name will certainly enhance your brand. Therefore, it is important to be able to demonstrate to prospective employers that you are committed to keeping up with current trends and best practices by participating in the educational offerings of professional organizations and obtaining and keeping your certification current.

Networking. Notwithstanding the earlier focus on tools and documents to enhance your career, there is nothing more effective than strategic networking. Give thought to which organizations, groups and individuals can best assist you in advancing your career.

Participate in online social networking, but limit it to those individuals whom you really know and you feel have a true interest in supporting you personally and professionally. Don't include casual acquaintances. People today are turned off by the numerous requests to be "friended" by people they met once at a cocktail party. Be selective and strategic.

Social networking allows you to be who you want to be, where you want to be and when you want. But there are downsides to mixing private lives with professional careers. The line between work and non-work can be very fuzzy. What seems harmless on a personal level can damage you and your organization. Remember, most employers now conduct Internet searches on prospective candidates, which includes Facebook, LinkedIn and the like. So remember, Google is watching!

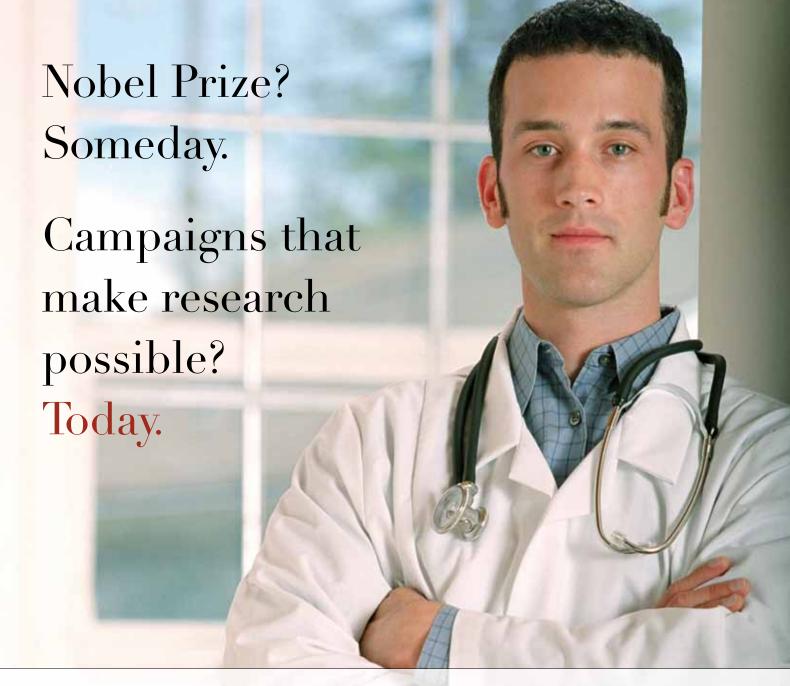
A brand that stands out

Before you can stand out from the crowd, you need to figure out your "what and why." Keep in mind, a true professional is a change agent so you need to be prepared to take some reasonable risks. Finally, what is your mission in life? Once you answer that question, go back to your list of how you would like to be perceived by others, and make sure your personal brand reflects those values and objectives.



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the United States. Murray has more than 30 years' experience in senior-level development positions at major education and health institutions throughout the country.



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> — Andrew J. Mitchell, FACHE, President and CEO



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PECONIC BAY MEDICAL CENTER

Peconic Bay Medical Center (PBMC) in Riverhead, NY, is a 200-bed facility that has been ranked among the top 10% of hospitals in the nation for general surgery. Last year, following a feasibility and planning study, PBMC engaged CCS to assist with the implementation of the Medical Center's programmatic initiatives and Master Facilities Plan through a major fundraising campaign. Institutional priorities include:

- establishing new centers of excellence in Orthopedic Surgery, Women's Health, Men's Health, Diabetes and Digestive Disorders;
- enhancing the Medical Center's educational initiatives to become a teaching hospital of distinction for surgical and primary care residents;
- investing in cutting-edge technology, leading to treatments with the most advanced medical equipment and surgical robotics;
- expanding the Medical Center's current facilities to accommodate growth in the areas of palliative care, cancer services, orthopedics and physical rehabilitation; and
- fostering an environment that attracts leading talent among surgical and medical specialists.

CCS is proud to partner with PBMC to achieve its strategic vision and increase philanthropic capacity to respond to the latest trends in healthcare delivery, while further distinguishing the Medical Center as the healthcare provider of choice on the East End of Long Island.

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