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Also in this issue

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**page 20**

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# CONTENTS



## FEATURES

### 12 **Millionaires at your doorstep**

By Stuart P. Sullivan

No matter the size of your shop, there are steps you can take to turn your donor data into a roadmap for finding those who are willing to give your institution a significant gift.

### 20 **Making the most of grateful patient programs**

By Melana Boscio Hydrick

Health care organizations in the U.S. and Canada share their strategies for grateful patient fundraising and how physician relations, privacy legislation and organizational culture play a role.



### 27 **Engaging physicians in transformational philanthropy**

By Bruce A. Bartoo, CFRE, and Chad M. Gobel

How to show hospital leaders that philanthropy is more than just a financial transaction and build a culture of gratitude that benefits patients, clinicians and your institution.

### 32 **Adding “E” to philanthropy**

By Tara Turner, CFRE

As the Internet continues to generate new ways of communicating with the public, powerful fundraising approaches are emerging for health care philanthropy.



## DEPARTMENTS

4



### From the Chair Reflecting... and looking ahead

By William S. Littlejohn, Chair, AHP Board of Directors

Great organizational changes have taken place at AHP over the past several years—from governance, to standards, to education, to engagement—due to the dedication of hundreds of volunteers and staff, including AHP President Emeritus Bill McGinly.

8



### As I See It Charting a path for the future

By Steven W. Churchill, MNA  
AHP President & Chief Executive Officer

AHP has the opportunity to further solidify its reputation as the go-to professional association for health care development professionals, making it an indispensable tool and partner in advancing the health of our communities.

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The Association for Healthcare Philanthropy (AHP) 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 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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Healthcare Philanthropy will be an authoritative resource for health care development professionals by providing a timely, informative and insightful collection of literature that will raise the standard of individual and organizational performance. Serving as the premier forum for health care philanthropy literature, Healthcare Philanthropy will educate, empower and inspire development professionals and, thereby, help strengthen the case for philanthropic support and the mission of AHP.







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## ADVERTISERS INDEX

<b>Aria</b> .....	26
Peter Wallace, 608/423-1338, <a href="http://www.ariacallsandcards.com">www.ariacallsandcards.com</a>	
<b>Aspen Leadership Group, LLC</b> .....	1
Ron Schiller, 970/309 1446, <a href="http://www.aspenleadershipgroup.com">www.aspenleadershipgroup.com</a>	
<b>Bentz Whaley Flessner</b> .....	9
Mark J. Marshall, Healthcare Practice Leader, 952-921-0111, <a href="http://www.bwf.com">www.bwf.com</a>	
<b>Blackbaud, Inc.</b> .....	25
800/443-9441, <a href="http://www.blackbaud.com">www.blackbaud.com</a>	
<b>Bliss Direct Media</b> .....	15, 16
Cindy Fish, 877/355-7435, <a href="http://www.blissdirect.com">www.blissdirect.com</a>	
<b>Brook Recognition Systems</b> .....	5
Shawn Plater, 877/608-6987, <a href="http://www.brookrecognition.com">www.brookrecognition.com</a>	
<b>Campbell &amp; Company</b> .....	7
Sarah Barnes, 877/957-0000, <a href="http://www.campbellcompany.com">www.campbellcompany.com</a>	
<b>Capital Quest, Inc.</b> .....	26
William Krueger, 800-263-1976, <a href="http://www.CapitalQuest.com">www.CapitalQuest.com</a>	
<b>Carl Bloom Associates, Inc.</b> .....	23
Luke Vander Linden, 914/468-8949, <a href="http://www.carlbloom.com/healthcare">www.carlbloom.com/healthcare</a>	
<b>CCS</b> .....	C4
Joseph F. X. Lee, 800/223-6733, <a href="http://www.ccsfundraising.com">www.ccsfundraising.com</a>	
<b>Corporate DevelopMint</b> .....	10
Lee Mikell, 842/853-9999, <a href="http://www.corporatedevelopment.com">www.corporatedevelopment.com</a>	
<b>Crescendo Interactive, Inc.</b> .....	11
Ardis Schultz, 800/858-9154, <a href="http://www.CrescendoInteractive.com">www.CrescendoInteractive.com</a>	
<b>Gobel Philanthropy Group, LLC</b> .....	17
Lauren Kline, 585/598-1171, <a href="http://www.thegobelgroup.com">www.thegobelgroup.com</a>	
<b>Graham-Pelton Consulting Inc.</b> .....	C3
Elizabeth Zeigler, 908.608.1388, <a href="http://www.grahampelton.com">www.grahampelton.com</a>	
<b>Health Philanthropy Services Group, LLC</b> .....	8
William Mountcastle, 877-500-5659, <a href="http://www.health-philanthropy.com">www.health-philanthropy.com</a>	
<b>Heaton Smith Group</b> .....	C2
Dave Smith, 404/812-1722, <a href="http://www.heatonsmithgroup.com">www.heatonsmithgroup.com</a>	
<b>Kidzpace Interactive</b> .....	6
David Meyer, 800/594-9184, <a href="http://www.kidzpace.com">www.kidzpace.com</a>	
<b>RuffaloCODY</b> .....	29
Timothy Logan, ACFRE, 319/362-7483 or 800/756-7483, <a href="http://www.ruffalocody.com">www.ruffalocody.com</a>	
<b>Snavely Associates, Ltd</b> .....	6
Leslie Finton, 814/234-3672, <a href="http://www.snavelyassociates.com">www.snavelyassociates.com</a>	
<b>Thompson &amp; Associates</b> .....	18, 19
Bethany Witt Rozell, 615/369-1416, <a href="http://www.ceplan.com">www.ceplan.com</a>	
<b>United States Bronze</b> .....	30
Peter Kasten, 516/352 5155, <a href="http://www.usbronze.com">www.usbronze.com</a>	

By William S. Littlejohn

Chair, AHP Board of Directors



## FROM THE CHAIR

# Reflecting... and looking ahead

**A**s I complete six years as a member of the AHP Board of Directors and two years as your chair, I reflect with gratitude and appreciation on the extraordinary efforts given by so many people to move AHP to its position of leadership in health care philanthropy. Especially as we go through the greatest change in the association's history, as well as the most unprecedented change in health care delivery.

That appreciation begins with Bill McGinly for his 30 years of leadership and dedicated service as AHP president and chief executive officer—and now president emeritus. We thank Bill for his guiding hand as he grew our association from a small community of 700 members to the 5,000 members we have today. Bill was instrumental in establishing AHP as a leading professional organization and in the creation and acceptance of industry reporting standards. I was proud to represent the AHP Board when we celebrated Bill this June in Washington, DC, as he completed his service to AHP. It was a special moment when Tim Seiler, Ph.D., CFRE, director of The Fund Raising School and adjunct professor of philanthropic studies at the Indiana University Lilly Family School of Philanthropy, presented Bill with the Henry A. Russo Medal—one of the highest honors bestowed in the field of philanthropy.

One of the hallmarks of a great organization is orderly leadership transition, and AHP has achieved that at both the executive and board level. As Bill departed the leadership stage, we have welcomed Steven W. Churchill, MNA, as AHP's new president and chief executive officer. Steve has more than 25 years of experience in fundraising and nonprofits, most recently serving as executive director of the American Medical Association (AMA) Foundation. You can learn more about his professional experience and what he brings to AHP on page 8. Steve has a proven track record in building fundraising capacity/programs and growing

It has been a great privilege to serve our profession as a member of the AHP Board of Directors and as your chair.

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organizations. We are excited that he is leading AHP at this critical time for philanthropy and health care delivery.

I also reflect on the great organizational changes that have taken place at AHP over the last several years—from governance, to standards, to education, to engagement—and give my sincere appreciation to the hundreds of volunteers and staff who have guided that change. AHP now has a board that is smaller in size, but with greater focus on the major strategies and goals for our association and profession. This year saw the success of two new educational programs—the Leading Forward and Big Ideas conferences—with superb content and dynamic presentations. AHP's online engagement continues to grow and reach all our members and colleagues in myriad ways—through the new e-learning platform, webinars

and resource sharing in the AHP Huddle peer groups. I am encouraged as I read and participate in the daily dialogues through the AHP Open Forum. Professional development never ends, so stay connected!

Equally important is the collection of industry data and benchmarks. Thanks to the leaders of our standards initiative, AHP has been able to streamline and improve the *Report on Giving* and add an online database. As we know, transparency, reporting and the effective use of data have become fundamental for successful nonprofit and philanthropic organizations—especially those in the health care industry. Hospitals are being rewarded—or penalized—for their performance, based on key measures. The reporting, analysis and outcomes of those measures are now requirements, not options. The same is true for philanthropy. Participation in the *AHP Report on Giving* will give

you access to AHP's growing and comprehensive online database for detailed analysis and comparisons.

As for the future, I believe there is great opportunity to advance health care philanthropy internationally. In March, I was honored to represent AHP and our profession as I met and gave a presentation to more than 100 of our German colleagues at Fundraising im Gesundheitswesen (Fundraising in Healthcare) 2014 in Frankfurt. Expanding abroad is one way to share and build upon AHP's more than four decades of leadership and experience.

It has been a great privilege to serve our profession as a member of the AHP Board of Directors and as your chair. I look forward to the opportunities ahead, knowing that our success ultimately will be achieved from working together. 



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AS I SEE IT

## Charting a path for the future



**I**t is a privilege to be writing to you as AHP's new president and chief executive officer. Having worked in fundraising and the nonprofit arena for many years, and most recently as executive director of the American Medical Association Foundation, I am excited to serve AHP at such a pivotal time in health care.

Today, the mission of AHP to be the leading authority and resource in health care philanthropy is more critical than ever. As the major elements of the Affordable Care Act (ACA) are going into effect in the U.S. and as health care institutions throughout North America are adjusting to a new economic reality post recession, health care executives are relying on their foundations and development teams for fundraising dollars to help enhance the bottom line.

This new paradigm presents a real opportunity for AHP to increase its relevance in the industry and its value to its members.

Bill McGinly's visionary leadership over the past 30 years has put AHP in a strong position to move forward. I am excited to work with AHP's experienced staff and board to chart a path for the future.

During my first months at AHP, I have invested most of my time in the learning process. One of my first priorities on the job was to go on a listening tour, and I am currently in the midst of meeting with AHP members and stakeholders. My aim is to get to know the organization, build relationships and create a

AHP must be on the leading edge of providing the resources and tools you need to achieve your goals.

# Infrastructure issues?





solid base of knowledge—to better understand the challenges and opportunities facing AHP and to collect ideas and insights on how we can best serve our members. AHP must be on the cutting edge of providing the resources and tools you need to achieve your goals.

It has been said that, “while change is inevitable, growth is intentional.” With that in mind, I look forward to the opportunity to help AHP evaluate its mission and take things to the next level. With more than 12,000 Baby Boomers retiring every day, there is a tremendous opportunity for AHP to grow beyond its traditional constituency and reach out to development professionals at institutions such as assisted living centers, retirement homes, long-term care facilities and hospice. There also is the potential for growth internationally with emerging health care markets in Europe and Asia.


My vision for the future is to further solidify AHP’s reputation as the go-to professional association

## Get to know AHP’s new president and chief executive officer

Steven W. Churchill, MNA, took the helm as AHP’s new president and chief executive officer on July 1, 2014. Steve comes to AHP with more than 25 years of experience in fundraising and nonprofits. He most recently served as executive director of the American Medical Association (AMA) Foundation, an organization dedicated to improving the health of our nation’s communities. Before that, he was vice president of development and alumni relations at Des Moines University medical school. He also has worked as a marketing executive, founded a fundraising consulting firm and served three terms in the Iowa House of Representatives.

Steve welcomes the opportunity to speak with members, whether it is just to introduce yourself or to share your insights about our profession and the association. You can reach him at 703/538-3140 or [steve@ahp.org](mailto:steve@ahp.org).

for health care development professionals, making it an indispensable tool and partner in advancing the health of our communities. I have been impressed by the commitment of our members, the enthusiasm of

our board and the dedication of our staff, and I look forward to working together as AHP enters this new era. Please do not hesitate to contact me or a member of the AHP team if we can ever be of assistance to you. 

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# Millionaires at your doorstep

Analyze your donor data to identify people with wealth to share

Every fundraiser has either experienced or heard about a situation like this one: A notification comes from out of the blue that a deceased donor has left a seven-figure gift in her will. She lived on a nondescript street, gave modestly to your annual fund and was unassigned to a gift officer. Yet, she was the very model of the millionaire next door.



My reaction is always the same: I wish I had known about her sooner. Imagine being able to identify her and make a connection during her life. Engaging her more deeply in the mission, stewarding her, empowering her to find deeper meaning in her philanthropy during her lifetime—that’s why we’re all here in this business, right?

As Thomas Stanley and William Danko learned from the research they described in their 1996 best seller *The Millionaire Next Door*, many American millionaires eschew flashiness and accumulate wealth quietly. It’s really hard to identify these furtive millionaires. Or is it?

## Looking for hidden gems

Two years ago at The Children’s Hospital of Philadelphia (CHOP), I challenged my research team to come up with an algorithm to identify the hidden gems in our database. We were going to find the millionaire next door.

If you’re thinking, “We’re a small shop—we don’t have secret millionaires to tap,” please keep reading. You can follow our process to find donors wealthy enough to leave your organization a significant gift, even if that means \$100,000 or \$1,000 instead of \$1 million. The point is—you’re sitting on valuable data to help you identify potential large donors.

Like everyone these days, we have no shortage of information in our donor database. As we started this project in 2012, our system contained several terabytes of data encompassing more than 613,000 records. The trick, we realized, would be tapping that vast information in a way that wasn’t akin to diving into a haystack looking for gilded needles.

At the time, we had three full-time researchers (now four) among our foundation staff of 68 employees. We dedicated one to this project, who worked on it over three

months while handling other daily duties—spending a total of about 80 man-hours.

We began our investigation based on the development adage, “Your best donors are your current donors.” Conventional wisdom says that the next big donor for your organization probably is already in your database. Building on this insight, we thought, “What better way to identify our next million-dollar donor than by understanding how our current million-dollar donors reached that level?”

We wanted to identify important characteristics and trends within our most generous pool of donors. Admittedly, much

.....

Conventional wisdom  
says that the next  
big donor for your  
organization probably is  
already in your database.

of the most intriguing information in a donor database is difficult to quantify or aggregate. For example, the very first time a donor contacted your organization, what did she say? Did she write a special note on a personal check when she sent in a donation? What was her experience when she attended events? These are important details, but they clearly are qualitative rather than quantitative and not always captured in the files.

Although the information on our donors spans back to at least 1979, we focused on getting a snapshot of million-dollar donors from 2001 to 2011—a manageable time

period, and one for which we had good data.

## Demographic data and donor's story

We started with basic demographic information that any development shop would be able to obtain by querying the database. We asked our data services team to pull a report on our million-dollar donors showing 10 factors:

- Location.
- Age.
- Gender.
- Occupation.
- Total giving.
- Event attendance.
- Original wealth rating.
- Current wealth rating.
- Relationship to the hospital.
- Whether the donor was a trustee or other volunteer.

With that report in hand, we then had a thumbnail sketch of our 80 most generous donors. The next step took more elbow grease. Our researcher had to individually review each donor's record to gather narrative information in order to understand each donor's story. To quantify information, we tried to fill in each of a dozen blanks:

- Donor's point of entry.
- Wealth source.
- Elapsed time from first gift to \$1 million gift.
- Hospital division supported.
- Donor recognition.
- Gift designation.
- Gift catalyst.
- Who asked for the gift?
- Was there trustee involvement?
- Did this donor pledge any other planned gifts to the hospital?
- Did the \$1 million gift include a planned gift?
- Has the donor made seven-figure gifts to other organizations?



If you're thinking, "We're a small shop—we don't have secret millionaires to tap," please keep reading. **You can follow our process to find donors** wealthy enough to leave your organization a significant gift.

A few years ago, we made the decision to scan and digitize all of our records—a huge project handled by an outside firm. Having digitized records really helped speed our search for narrative information, but even so, the process was time-consuming. Winter turned to spring. Slowly our thumbnail sketch became a portrait—in the form of an Excel spreadsheet—of the CHOP million-dollar donor.

## Grateful donors, good economy

What did we find?

Our average individual million-dollar donor was 65 years old. Nearly two-thirds were from "grateful families": grandparents, aunts, uncles and other relatives of patients. For all donors, the average time that elapsed between their first gift and their first million-dollar gift was 10.7 years.

We also found a correlation between the timing of the million-dollar gifts and the health of the

overall economy in that 10-year period. The majority of our \$1 million gifts came in during the strong economic period from 2005 to 2008, with a double-digit number of gifts in three of those four years. After the economic crash of 2008, we did not receive double-digit million-dollar gifts again until 2011.

CHOP is fortunate to be fully donor-centered, so that the full amount of a donation goes to the foundation rather than a portion being allocated to administrative costs. Not surprisingly, we found a wide range of designations among our million-dollar donors. Leading the way was cancer research, but our general fund received the second-highest number of gifts.

Other areas high on the list were gastroenterology and cardiology, followed by genomics research, plastic and reconstructive surgery and general pediatrics.

I spent a great deal of my career in planned giving, so I was intrigued to see that 39 percent of our million-dollar gifts included a planned gift or bequest. Furthermore, 22 percent of all individual million-dollar donors had pledged an additional planned gift to the hospital.

## Creating a map for the future

Now, the fun begins. After the initial three-month process of developing a portrait of our million-dollar donor, we started creating a map to guide our future efforts. First, we developed a data-analysis process to determine who else fits criteria similar to those defining our million-dollar donors. Steps in this analysis included the following:

- Conduct an age overlay with an outside vendor, who searched public sources to find missing birth dates and ages of donors in our database.
- Verify this data by having a second

vendor search for birth dates and ages of a portion of our donors.

- Perform an internal verification analysis that involved comparing the findings to confirm that the data is correct.

To date, we have uploaded age data for more than 2,800 records, giving us an important piece of donor information. We currently are making efforts across the development department to actively track and record information about the families of patients and their exact relationship to the patient (such as parents or grandparents).

We also have conducted an in-house analysis and overlay of potential “inclination to give” based on several factors, but focusing primarily on:

- How recently a donor provided a gift.
- How frequently a donor donates.
- Volunteer roles the donor has held.
- Events the donor has attended.

As we compile the information from our database, we are finding hidden gems—donors who fit the demographic profile of our current

loyal and high-dollar donors, but whom we have not yet cultivated to the point where they are ready to make a large donation.

On the flip side, with the help of our inclination ratings and other tools we’ve developed, we expect to be able to clean and prioritize our prospect pools and refocus certain prospects to annual and planned giving.

## Tips to apply

What does all this ultimately mean? In the same way that our direct mail team can wield data to target solicitations with razor sharp precision, we might be able to focus our major gifts efforts with far greater accuracy. When a donor hits certain benchmarks or fits set criteria, we can be alerted via a regular report from our data services team. We will better know when to involve key stakeholders, such as clinicians or trustees, in the donor cultivation process. We can become more observant and rigorous, closely tracking the categories in our algorithm and constantly refining our database overlay. We will be more likely to



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spot clear patterns and inclinations to give.

The initial part of our project—creating the donor portrait—involved no costs other than the researcher's time. In the second phase, we paid outside vendors to obtain ages and birth dates for our donor database.

Overall, this project allowed us to organize and enhance our donor information, obtain a greater number of planned giving leads and identify people with high and low inclinations to give. If your organization is considering a project of this scope, our experience yielded several useful insights you can apply:

- **Involve your data services team.** No matter the size of your organization, at least one person is an expert on your database. Sit down with him at the outset to understand the restrictions of the database and to identify the possibilities he can give you, rather than strictly focusing on what you think you need. You may find you don't need as much information as you thought or that you weren't framing the questions in the right way.

.....

With the greatest transfer of generational wealth in history on the horizon—some \$20 trillion about to pass on—now is the time to think about ways to turn the donor data you have on hand into useful information that will boost your success.

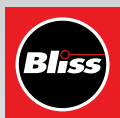
- **Keep notes on changes as the project evolves.** As we went along, we refined our process and adjusted our steps. We kept notes on these changes so we would remember why we decided not to pursue certain data points and what our underlying thinking was for each action. We found this helped avoid wasted effort.

- **Have a goal you can build on.** It's easy to get caught up reading old documentation and to lose track of your goal. With so much data to sift through, we had to set targets with check-in dates to help us progress steadily throughout the three-month project window and plan next steps

for using the data. A big motivator was that we were on the agenda to present our findings at the next board meeting.

We live in the era of “big data”—massive amounts of structured and unstructured information that, when used properly, has the potential to improve all kinds of processes, including marketing and fundraising. Look no further than the ads in your Facebook account or on the websites you visit to see how sharply messages can be targeted.

Although most development shops have a sophisticated approach to segmenting the annual fund, our industry has been slower to adopt such an approach for our major donors. With the greatest transfer of generational wealth in history on the horizon—some \$20 trillion about to pass on—now is the time to think about ways to turn the donor data you have on hand into useful information that will boost your success. 



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**Stuart P. Sullivan** is executive vice president and chief development officer at The Children's Hospital of Philadelphia (CHOP) Foundation in Pennsylvania. Prior to CHOP, he held positions at Temple University, the University of Pennsylvania, Roanoke College and Lynchburg College.

# CREATING A CULTURE OF GRATITUDE IN PHILANTHROPY



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# Making the most of grateful patient programs

Strategies for  
Canada and  
the U.S.



**T**his article takes a look at grateful patient fundraising at two very different health care institutions—one in the U.S. and one in Canada—and the ways in which privacy legislation, physician relations and culture all play a role in how each organization manages its program.

Grateful patients and their families can be an important source of philanthropy for health care institutions. Data from the *AHP Report on Giving* indicates that the number of patients who contribute to hospitals and other health care organizations has increased dramatically over the years. In 2004, 60 percent of donations to U.S. health care institutions were made by individuals, with just seven percent of those individuals being patients. By 2011, 85 percent of donations were made by individuals, with 21 percent of that coming from patients and their families.

The mechanics of a successful grateful patient program can vary greatly from shop to shop and are largely dependent upon the size and location of your facility. Although there is no one-size-fits-all formula to running an effective program—especially with patient privacy differences between Canada and the U.S.—there are some key factors to consider.

## Two different countries, two different programs

Fox Chase Cancer Center is a National Cancer Institute-designated Comprehensive Cancer Center research facility and hospital in Philadelphia. Thom Harmon, director of leadership gifts at Fox Chase, has rolled out a grateful patient program that relies heavily on physician involvement.

Upon identifying a patient who might make a substantial donation through the use of wealth screening data, Harmon's team will present that patient name to his or her physician prior to contacting the patient. Although HIPAA (Health Insurance Portability and Accountability Act) laws in the U.S. limit how much patient information is available for fundraising purposes, the patient's treating physician name is typically available,

and this is very helpful, says Harmon.

"That conversation with a physician can be absolutely critical because so many tidbits can come out of it," says Harmon. For example, if a physician relays that a patient was only seen at Fox Chase for a second opinion, or if the timing is not appropriate due to a poor prognosis, the fundraising officer will then know not to include that patient on the list of potential donors. Another plus Harmon mentions is that conversations like this can sometimes lead to a clinician who, while in that frame of mind, will recommend additional patients to the foundation for contact.

.....

"When I refer to a 'grateful patient program,' I am referring to how we focus **very specifically on engaging our physicians and nurses to help us identify** and be introduced to potential grateful patients."

—Thom Harmon, director of leadership gifts, Fox Chase Cancer Center

Fox Chase's program currently encompasses three service lines at the cancer center, but it began using Harmon's "start small" philosophy. He initiated it a year ago just as a pilot program with a focus on one area—the Women's Cancer Center. He partnered with a physician in the department and built his program by working with physicians to identify funding needs, attending meetings and learning about standard treatment protocols within the service line.

"Even as a cancer center, there are a lot of areas to become familiar with,

and I wanted every service area to have its own embedded fundraiser,” explains Harmon. “I wanted to become the subject matter expert for women’s cancers at Fox Chase, so that I become very much a part of their team—it’s not faceless institutional advancement anymore, it’s Thom.”

As the program gained momentum and success, Harmon received permission to hire two major gift officers to launch the program in two additional areas at Fox Chase. To date, Harmon’s still-new grateful patient program has made eight asks, which have led to eight gifts totaling about \$1.13 million.

“When I refer to a ‘grateful patient program,’ I am referring to how we focus very specifically on engaging our physicians and nurses to help us identify and be introduced to potential grateful patients,” says Harmon. “That has always happened at Fox Chase, but we never had a formal way of making that happen.”

A far different approach is taken across the border in Canada, at St. Peter’s Hospital in Hamilton, Ontario. St. Peter’s is a 250-bed chronic care hospital within the Hamilton Health Sciences system. The foundation there has a grateful patient fundraising program that is quite successful, albeit more conservative in its methods due to stricter privacy laws in Canada.

Heather Scott, CFRE, director of development at St. Peter’s Hospital Foundation, and Tracey Lamb, CFRE, director of annual giving at Hamilton Health Sciences Foundation, describe the patient fundraising program at St. Peter’s as twofold—one that involves the foundation sending past patients

direct mail and also includes in-hospital grateful patient materials that encourage patients and families to honor a caregiver.

St. Peter’s patients and their families do occasionally take the initiative to present themselves to hospital staff and clinicians as being interested in donating, and the physicians at St. Peter’s are an important part of that, says Scott.

“I do have some physicians who will identify a patient to me, based on that patient identifying themselves as someone who wants to give back to the organization,” says Scott. But she points out that this occurs more by chance than through a specific program like the one at Fox Chase.

In 2013, Hamilton Health



## More about **patient privacy laws** in Canada and the U.S.

Grateful patient fundraising in both countries is governed by specific privacy laws that protect patient medical information and set penalties for violations. Below are resources for more information.

**Canada:** In addition to federal privacy legislation, each province has its own laws regarding access to patient information for fundraising purposes. *Some provinces allow access to patient information and others do not.* The Office of the Privacy Commissioner of Canada provides an overview of privacy laws at both the federal and provincial level, including the Personal Information Protection and Electronic Documents Act (PIPEDA) and the Personal Information Protection Act (PIPA). For more information, go to [http://www.priv.gc.ca/resource/fs-fi/02\\_05\\_d\\_15\\_e.asp](http://www.priv.gc.ca/resource/fs-fi/02_05_d_15_e.asp).

**United States:** Recognizing the need for national patient privacy standards, Congress enacted the Health Insurance Portability and Accountability Act (HIPAA) in 1996. HIPAA regulations were substantially modified in 2013, expanding access for health care fundraisers and allowing better ways to communicate with patients. For the latest information on staying in compliance, order AHP’s guide to *Fundraising Under HIPAA* in the AHP bookstore at [www.ahp.org](http://www.ahp.org). A quick reference guide on HIPAA basics is available free in the AHP Huddle at <http://connect.ahp.org> (member login required).



Sciences Foundation's patient solicitation programs acquired more than 1,200 new annual fund donors and generated nearly \$200,000.

### **Building relationships and trust**

Scott and Harmon agree that while physician engagement at each of their facilities is different, physician involvement is essential in building a successful fundraising program. Both say they're fortunate to have relationships with some physicians who understand the mission of their foundations.

Richard Seeley, M.D., the chief of the palliative care department at St. Peter's, recognizes the importance of fundraising. "The fundamental issue in our system, where the government allots the budget, is

that when you're looking at the development of new programs, acquisition of new equipment and construction of new buildings, the only way you're going to get those is through philanthropy," says Dr. Seeley.

"I think relationships like the one we have at St. Peter's with Dr. Seeley are key," says Scott. "You need someone who can speak to the patients, to the frontline staff and to other physicians. Having those advocates is key to the success of any program—whether it's the grateful patient program, my major gift program or my planned giving program. With any of those aspects of development, you have to have those advocates for the foundation."

Dr. Seeley is quite comfortable discussing fundraising with

staff and patients if approached by a patient or family about their desire to give back to the hospital. However, he says that not every physician is at ease discussing philanthropy with patients. Dr. Seeley advises that good communication with the physicians, staff and patients is imperative—especially when it comes to how dollars are spent.

"Once people see the value in things like our new family room or our new pain pumps, then the physicians, patients, family and nursing staff all see the benefits of that kind of giving," explains Dr. Seeley. "Once you see it happening, it makes it more realistic. It's not just a donation that's going to go into some nebulous sinkhole fund where we don't see the benefit. We actually want to see in hard dollars and real material the benefit of that



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## Some **keys to success** with grateful patient programs

- **Start small** and don't try to launch a grateful patient program overnight.
- **Personalize** a program that works for your system by understanding your hospital's culture and expectations.
- **Stay abreast of changes with privacy laws** to ensure that you are in accordance with current legislation.
- **Treat your physicians like you would treat major gift prospects**, not just as a resource. Build relationships with them.
- **Identify a clinician or physician who is a champion** for your foundation—one who understands the need for fundraising and can be a voice for you.
- **Align fundraisers** with departments or service lines as much as possible, so they can build internal relationships and become subject-matter experts.

kind of giving. And I think that's where we're fortunate at St. Peter's because we have that kind of communication."

Harmon ensures that openness also is in place at Fox Chase. "Sometimes physicians don't understand where the philanthropic revenue goes or how they get access to dollars that have been donated to their program," he says. "So, being a liaison with that information can help build trust."

Robert Uzzo, M.D., chairman of the department of surgery at Fox Chase, concurs. "I think all too often, physicians have felt slighted by development officers who have not fully engaged them or fully disclosed to them where the money is going and

how it's helping future patients," he says. "So physicians have felt not like facilitators, but vehicles. And I think that's a big mistake. If you're just going to build bigger buildings or put names on walls, physicians are not really interested in that. They're interested in fundamentally changing patient care. If they can be brought to the table understanding that this relationship that will be built with the development officer is in the name of—honestly and primarily—improving patient care and/or research, then they'd probably be more engaged. With the IA [Institutional Advancement] team that we have now at Fox Chase, there is an absolute and true relationship

between the physician and the IA officer."

### Physician concerns

For some physicians, though, involvement in patient philanthropy doesn't come easy. And it's not because of a lack of understanding, but due to reservations about how fundraising might compromise their relationships with patients.

"I think that some physicians believe that having a conversation, even an introductory conversation about the future, is somehow degrading or compromising a patient's trust and relationship with you," admits Dr. Uzzo. "Honestly, there may be cases where that's true. But opening up the door to that conversation is something we shouldn't dismiss, and I think we often do because it's hard. Quite frankly, with all of the emphasis on productivity and patient-focused care, it's never been a priority. But I think we all have altruistic motives, including patients. So, I like to try to get my faculty to the point where they recognize that part of getting better is this constant march toward having the next patient experience somehow be a little bit easier. And if a grateful patient is able to help with that, then that's a conversation we should all be willing to have."

Although there is a bit of an expectation for physician involvement in a U.S. system, where some facilities offer perks like free parking to donors, there definitely is more of a sense of caution in a Canadian system.

"This is where the tact and the process come in," says Dr. Seeley. "You walk a fine line whenever you're asking anybody for money. In Canada, you certainly cannot

give the impression that your care or your family member's care will be increased or made better if you donate money."

## Privacy matters

Patient privacy is of utmost concern to development staff and physicians in both countries and often dictates the level of communication between the parties when it comes to grateful patient fundraising.

In compliance with Canada's more restrictive privacy legislation, the only patient information St. Peter's foundation receives for the purposes of fundraising is patient name and address. "We also have guidelines that we've established with the hospital," says Lamb. "We have a multi-page joint policy that determines what the hospital will do to ensure the privacy of their patients before they will release the information to us for fundraising. In addition, it also outlines what we will do to protect that information once we receive it."

Lamb also points out that patients may withdraw their consent for the use and disclosure of their personal information for certain activities, including fundraising. There are guidelines the foundation must follow in Canada that include, for example, the philanthropic purpose of the fundraising activities; the timing of the contact; and an easy opt-out from any further solicitations that all solicitations must contain.

In the U.S., HIPAA made significant changes in 2013 in the type of patient information that can be used or disclosed without patient authorization. "In terms of patient information, there was a final ruling that came out last year from the

Department of Health and Human Services that added a lot more clarity to the fundraising piece," says Harmon.

U.S. regulations now limit the patient information that is shared without the patient's consent to six categories: patient demographic data; health insurance status; dates of patient health care services; general department of service information; treating physician information; and outcome information. An opt-out provision also is required to be included with each fundraising communication, including telephone solicitations.

## Whose role is it?

Exactly what role physicians play in fundraising depends not only on privacy laws, but sometimes on the physicians themselves. Often, physicians feel that patient solicitation is something that should solely be left up to the foundation.

"Some physicians will get involved right away when they're asked, but others feel it's not their job," says Scott. "But we need their support in order to get the community to help, so I think we really need to make the effort to work with the physicians to be that conduit for us. And we need to educate them on how they truly

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- Create a physician partner portfolio and engagement plan – set specific goals for number of physician partner visits, number of referrals and number converted to donors.
- Develop a high level, outcome-based strategy for your physician partners – just as you would for major gifts, but your goal is a referral rather than a gift.
- Create a moves management plan by phase for each of your physician partners with defined completion dates.
- Track progress of their referrals and steward your physician partners through regular updates.
- Include physician partners in cultivation, solicitation and stewardship activities of their referrals, as appropriate.
- Celebrate and recognize physician partner engagement to encourage new and ongoing partnerships.

Following a physician partner engagement plan will increase the number of qualified grateful patient referrals in your pipeline resulting in major gifts to your organization. Actively monitoring your physician portfolio will ensure that you are regularly engaging these very important partners.

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can be that conduit, because they're the ones that have that important relationship with the families."

"One way to start shifting that thinking is to say, 'Listen, I'm actually here to help you grow your program,'" says Harmon. "I think moving the conversation away from what I need as a fundraiser to what they need as physicians to grow their programs is what really helps them see the value of working with me."

Explaining to clinicians the role of the foundation in patient solicitation is sometimes necessary. "It's about patients wanting to do something. And we facilitate their desire to give back by identifying funding needs—such as medical equipment, renovations and research that provide our physicians and caregivers with the tools they need to continue caring

for more patients," says Lamb.

Being prepared if approached by a patient or family is helpful, says Dr. Seeley. "It takes tact and it takes experience to know how to do it. But often we are the people who will hear first, 'I wish there was a way we could do something for the hospital or recognize the staff.' And when you hear those kinds of words, you need to have your little elevator speech ready to tell them that there is a way."

Scott points out that, although her physicians are less proactive with patient solicitation than the ones at Harmon's facility, clinicians like Dr. Seeley are still very supportive. "He has very good success just by saying to people, 'The foundation does great work for St. Peter's. If you're ever in a position to help us with the fundraising goals that we're trying to achieve, I hope you'll consider

it,' and he'll hand them a brochure. That's the way he helps me achieve my goals."

Dr. Uzzo reasons that physician involvement just makes sense. "Point of fact is that patients' caregivers often know first-hand who might be interested and who might be able to give," he says. "I believe in paying it forward and I think that a lot of grateful patients believe in the same thing. And I don't think that, as a physician, you can completely wash your hands of not only the responsibility to your existing patients, but also of the responsibility to your future patients." ■



**Melana Boscio Hydrick** is a communications consultant with Mayes Communications. She has 10 years of experience writing for the nonprofit health care industry.



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# Engaging physicians in transformational philanthropy

How building a culture of gratitude benefits patients,  
clinicians and your institution

**M**ore than ever before, philanthropy is a key funding source for health care institutions. We also know it is connected to optimally serving patients and communities. Perhaps because the revenue generated from philanthropic gifts is so

essential, many hospital leaders view philanthropy primarily as a financial tool or transaction; a donor writes a check and institutions have access to much-needed resources.

But from the grateful patient's perspective, philanthropy is not transactional—it's transformative. Research shows that tangibly

expressing thanks for the extraordinary care they or their loved ones received can be an important part of the healing process for patients and their families. Giving back can make them feel happier, increase their feelings of well-being and even help provide closure during a difficult period of their lives, such as when they are navigating a serious illness or have lost a loved one.

With this patient perspective in mind, MedStar Health—a 10-hospital health system based in Washington, D.C., and Maryland—has implemented a comprehensive Clinical Engagement in Philanthropy Program that recognizes the greatest growth

## Philanthropy as part of the healing process

Research supports the idea that giving can positively impact health and well-being. An article published by Harvard Health Publications says “expressing thanks may be one of the simplest ways to feel better.”<sup>2</sup> And expressing gratitude in tangible ways has been linked to an increased ability to cope with stress, a stronger immune function, quicker recovery from illness, lower blood pressure, increased feelings of connectedness that improve relationships and well-being, greater joy, optimism and increased generosity and compassion.<sup>3</sup>

MedStar’s Clinical Engagement Program, implemented through

about giving can be rewarding for them and their patients.

Some MedStar physicians have become passionate about effectively receiving and responding to thanks from patients and families. One of the strongest physician champions is Zayd Eldadah, M.D., a cardiologist at MedStar Washington Hospital Center. “Probably the most important lesson that I’ve learned is that philanthropy [can be] an integral part of the healing process, of the caregiving process,” he says. “Patients and families who want to give should never be dismissed; the answer, ‘Oh, don’t worry, this is just my job,’ is...actually off-putting in a way that’s hurtful. We might be thinking that we’re relieving patients of the burden of having to thank us, but in fact they want to thank us as a way of getting better.”

How might a physician conduct a conversation in a way that is respectful of the patient’s expression of gratitude? Here’s one example: A patient might say, “You’ve been so great, Dr. B. We really appreciate the wonderful care you gave to Mom. Please let us know if we can ever do anything to help you.” Dr. B. responds first by graciously and sincerely recognizing and accepting the gratitude: “Thank you. It was a privilege to care for your mother.” Next, Dr. B. acknowledges the important role donors play in the success of an institution: “Actually, we welcome your support and there are many ways you can get involved.” Finally, Dr. B. suggests a next step: “If you would be interested, I’d like to put you in touch with a colleague in our philanthropy office who can tell you about some of the ways you can make a difference.”

Other patients may express their gratitude without directly asking how they might help. In these cases, the physician is asked to refer the name of

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Research shows that tangibly expressing thanks for the extraordinary care they or their loved ones received can be an important part of the healing process for patients and their families.

comes from major gifts. And most major gifts come from grateful patients and their families.

The program has demonstrated to MedStar’s clinicians that a donor’s gratitude is a direct response to the clinical care and exceptional experience they have had during their health care encounter.<sup>1</sup> And hospital leaders, especially physicians, are learning to think differently about why individuals make philanthropic investments. Through this partnership, physicians have become more comfortable identifying and interacting with grateful patients who want to make a difference.

a partnership with health care philanthropy consulting firm Gobel Group, uses this knowledge about the benefits of giving by educating hospital employees about patients’ perspectives on philanthropy and helping physicians understand their role in the philanthropy process. It delivers regular hospital-wide training and focused sessions for physicians who choose to participate more directly by engaging with and referring grateful patients. These physicians are then encouraged to share their experiences with their colleagues, discussing how conversations

the grateful patient to the philanthropy officer and together they will strategize the best approach. Later in this article, we will discuss some ways physicians might refer these patients and reach out to them.

## Encouraging a culture of gratitude

As a result of this work, leaders at MedStar no longer talk about creating a culture of philanthropy; they talk about creating a culture of gratitude. Hearing positive patient stories has the capacity to heal,<sup>4</sup> and philanthropy leaders usually have a robust catalogue of these stories. Sharing them organization-wide reinforces a health care institution's core values and helps everyone feel more appreciated. When physicians, nurses and staff are on the receiving end of gratitude, they become more grateful, generous, compassionate

and empathetic in return—which helps them feel more engaged with patients and other members of the care team. Listening to grateful patients' stories also can remind health care professionals of why they were attracted to helping others in the first place and how much their compassionate care means to patients.

An excellent way to share stories is to create short video vignettes of patients, doctors and nurses talking about the healing power of philanthropy. At MedStar, health system leadership helped identify subjects for video interviews. We now have a library of more than 100 compelling stories to use in orientations and training, as well as on our website and television networks. You can view some of these videos at <http://gobelgroup.com/resource-library/videos>.

To further promote a cultural

shift and align the vision of our health system and philanthropy team, MedStar's fiscal year 2014 plan includes these two goals: To educate 500 new individuals via in-house training and encourage them to think differently about philanthropy, and to engage 300 clinicians and other employees to act differently by referring patients who are grateful and introducing the philanthropy team to those individuals. A percentage of MedStar's senior leadership team's bonus is tied to our success in achieving these goals.

## Engaging physicians

Helping physicians recognize that philanthropy is a part of the clinical process and can be connected to a patient's healing is critically important. However, this new perspective may not drive change that results in them referring patient

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prospects. To best accomplish this goal, MedStar uses a four-step process developed by Gobel to identify, recruit and engage philanthropy champions.

### **STEP ONE: Identifying philanthropy champions**

The process begins with the philanthropy office creating a list of prospective physician champions with the following characteristics:

- Physicians with a wealthy panel of patients.
- Physicians who work in key service lines or centers of distinction.
- Physicians who already are active partners with the administration—serving on key hospital committees, participating in special events and donating to the organization.
- Physicians identified by senior leaders as having a high level of emotional intelligence and receiving high patient satisfaction scores.
- Physicians who are employees and those who are not. Those employed by the health system generally are more receptive to partnering, but physicians who are not employed should also be given equal consideration.

We have found that it's optimal to have 10 physicians working with each philanthropy officer. After developing a list of prospective champions, an institution should review it with the chief executive officer, chief operating officer, chief medical officer, chief nursing officer and other senior leaders. Engaging senior leadership in vetting champion prospects gives them ownership in the program.

### **STEP TWO: Recruiting philanthropy champions**

After involving your organization's senior leadership in the identification process, it is vital to seek their help in recruitment as well. Members of MedStar's senior leadership contacted prospective physician champions directly to ask for their help. We advise language similar to the following:

"Hi, Dr. Smith. I'm leading a new initiative to expand and diversify our revenue model, and we've identified philanthropy as a significant and untapped opportunity for growth. We know our patients are grateful for the care and compassion that medical staff leaders like you are providing. I

asked my senior leadership team to help me identify a few physicians who could help us conceptualize a new program that makes it easy for patients who want to give back to contribute to your program and others in our hospital. I also asked them to identify physicians who are leaders of our institution, who are already delivering exceptional patient experiences and who are citizens of the institution. You were one of the physicians they identified. Would you join our team to help us build this program?"

### **STEP THREE: Training philanthropy champions**

Engaging with physicians and nurses encourages them to view philanthropy as a natural extension of the excellent clinical experience they provide. They are not asked to solicit their patients, just to acknowledge and accept a patient's gratitude and refer them to philanthropy staff when the patient wants to give back.

### **STEP FOUR: Streamlining the process**

To not just change the way physicians think but to actually

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change behavior, you must operationalize a process that makes it simple and efficient for them to partner with philanthropy staff.

This process involves easy-to-access systems and, when possible, technological tools for grateful patient referrals. Examples of tools philanthropy offices can use to streamline the process include:

- Smartphone apps for referral of patient names.
- Customized letters, emails and phone and in-person scripts for physicians to use when introducing philanthropy officers to grateful patients.
- Built-in referral button inside electronic medical records.
- Written and video “cases for support” that describe physician champions and the valuable programs they support.
- Philanthropy officer referral cards and posters.
- Database management systems to capture, track and share relevant referral information.
- IT solutions to manage the flow of patient data from the hospital to a wealth screening provider and back to the philanthropy department, segmented and coded for quick use.

Some physicians may choose to remain involved in the philanthropy process after they make a patient referral. For example, physicians may send personal thank you letters to donors they refer or those who have contributed to a particular program; invite donors to lectures or facility tours; or send progress reports to update donors on developments in areas they support.


## Positive results

Identifying, recruiting, training and streamlining a physician’s engagement with the philanthropy program will dramatically expand your prospect list. A hospital will

When physicians, nurses and staff are on the receiving end of gratitude, they become **more grateful, generous, compassionate and empathetic in return**—which helps them feel more engaged with patients and other members of the care team.

most likely see an average of four new patient names identified each month from each active physician champion after six to 12 months of implementation. This means more prospect visits, more asks and more and larger gifts. An additional part of the program provides specialized training to philanthropy officers on best practices for partnering with physician champions and maintaining successful and productive relationships for continued referral success.

Philanthropy is about unlocking the power of gratitude to help patients heal. When patients are grateful for the care they have received, they are motivated to give. When they invest through philanthropy and express their gratitude, they are happier.

Ultimately, an integrated grateful patient philanthropy program creates a culture that values gratitude and appreciation—which results in exceptional feelings of connectedness in your hospital community and also more revenue from philanthropy. With additional revenue, institutions can better support the people, programs, facilities and technology they need. So, to help your organization thrive, focus on helping clinicians think differently about engaging more meaningfully in a grateful patient philanthropy program. 

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# Adding “E” to philanthropy

Effectively using the web, email, social media and more for awareness and fundraising

**A**s new ways of communicating spring from the Internet, powerful fundraising approaches are emerging for health care philanthropy. The success of these methods is tied to the Internet’s ability to connect like-minded people with common interests and quickly spread the message about a cause.

This article shares tips on Internet-based tools and mobile strategies useful in today's development efforts—based in large part on our experience at BC Children's Hospital Foundation in Vancouver, Canada.

## Websites and peer-to-peer pages

Although websites have been around for two decades, the way they are used is ever-evolving. Your website is typically the first stop for potential online donors, so make it simple to navigate—particularly when it comes to making a donation.

Ease of making donations should be a primary consideration in building or overhauling your website, according to Terra Scheer, communications officer at BC Children's Hospital Foundation. "If it takes more than three clicks, you're probably losing a significant number of conversions," says Scheer, who manages the foundation's website and aspects of digital strategy. "The main reason why people visit a foundation website is to make a donation. Sometimes we're so focused on educating and thanking our donors that we forget to put the donation process first."

The International Telecommunication Union, an agency of the United Nations, reports that 78 percent of people in developed countries are using the Internet in 2014, up from only 11 percent in 1997. This growth is clearly reflected in many organizations' online donation histories. For example, BC Children's Hospital Foundation received its first online donation in 1998—and that year, 21 donations arrived online, totaling \$1,310. In 2013, 33,614 online donors gave the foundation more than \$3.7 million.

According to *The Chronicle of Philanthropy's* 2014 Online Fundraising Survey of the 100 largest nonprofits, Internet fundraising grew by roughly 13 percent in 2013. Online giving is still in its infancy, however. Based on online and overall giving totals supplied by 76 of the responding nonprofits, the median share

of online gifts is only two percent of all donations from private sources.

Online giving will certainly increase as nonprofits develop more sophisticated online fundraising strategies and put the software and systems in place to support them. BC Children's Hospital Foundation benefits from having custom-built peer-to-peer fundraising web pages integrated with its website.

"We are one of a few hospital foundations that have a custom-built system," says Chris Sweeting, the foundation's web developer, who built the system to enable:

- Peer-to-peer fundraisers to log in, set personal fundraising goals and send customized requests for support and thank you messages from an event-branded fundraising page on the main website.
- Special events such as "Jeans Day" and "ChildRun" to have their own landing pages for peer-to-peer fundraising drives.

Organizations without a custom-built system can use peer-to-peer fundraising programs such as those available from Blackbaud ([www.blackbaud.com](http://www.blackbaud.com)) and Artez ([www.artez.com](http://www.artez.com)). Although previously we paid for such programs, over time the level of customization we wanted surpassed the capacity of other providers. With approximately 50 events a year using peer-to-peer pages, we found that building our own system was both cost-effective and necessary.

## Engage through email

Email is a direct line to your donors. From our experience, the best email campaigns are characterized by concise, frequent emails with a strong call to action. To help increase your "open" rate once the email lands in a potential donor's inbox, always:

- **Have an engaging subject line** that is short enough to be seen in a glance, ideally less than 50 characters.



Facebook and Twitter are useful not only for creating awareness, but also for driving traffic to websites. Just last year, BC Children's Hospital Foundation increased its social media-to-website referral traffic by an average of 45 percent.

- **Think about your “from” line.** Emails sent from individuals often have better open rates than those sent from an organization—especially when sent from someone in a leadership role, such as a chief executive.
- **Ask “what’s in it for the donor” when creating headlines for the body of the email.** How will your audience have an impact? Think about a benefit or theme that will compel people to keep reading.
- **Keep messages succinct.** Break them into short, digestible pieces with separate headings. Each section of your email message should contain a couple of short paragraphs at most.
- **Use “business-casual” language.** Address your audience directly using “you” in a natural tone, and use contractions, as if speaking to a colleague.
- **Place an “ask” or suggested action in the first two lines.** For example, “You can win if you register now,” or “Sponsor a table at next week’s event.”

Schedule a series of follow-up emails to thank donors and provide pledge reminders. Regular contact helps keep donors engaged, but as a general rule of thumb, keep emails at least a week apart to avoid being a nuisance. Some campaigns demand more frequent mailings, such as those launched just before a big event. In such cases, a concentrated effort (one email blast a day for a week) may be most effective. However, the *2014 M+R Benchmarks Study* suggests that such increased activity does not necessarily result in an increase in conversions.

At BC Children’s Hospital Foundation, we consider 40 percent to be a good email open rate. Although the open rate

is certainly a good indicator of success, it’s important to undertake a thorough analysis to understand which appeals have the greatest impact on donations. It can take several months of sending emails to acquire the volume of data needed to analyze audience behavior accurately.

Your first step toward achieving the best possible response, before launching any email campaign, is setting goals. What target are you working toward? Your goals, which should reflect the

tomorrow, you’ve lost all your followers and potential donors. Your email subscribers, however, are completely yours.

## Social media networking

Through Facebook, Twitter, Pinterest, LinkedIn and new social networking sites that pop up almost daily, we have an unprecedented opportunity to reach millions of people. These sites are great because users can easily access your content and share it with their friends.

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In 2013 there were almost as many mobile-cellular subscriptions as people in the world. With that many users, it makes sense to consider mobile strategies for websites and emails.

benchmarks you have established for your organization, will vary depending on what you’re asking your audience to do. For example, if the email is a monthly conversion ask, how many new monthly donors are you hoping for? Be clear on the intended results and always ask yourself what purpose the email serves: to increase donations, recruit new monthly supporters or perhaps raise awareness as measured by open rates?

Social media is enticing as a gateway to recruit new community members, but don’t be tempted to let it take the place of email. Remember that you don’t own social media lists. If Facebook shuts down your fan page

According to Krista Neher, chief executive officer of Boot Camp Digital, Facebook is the No. 1 social media network in the world with more than one billion active users, half of whom log in every day. With that much traffic, she emphasizes, you have to stand out by doing something people like. The more innovative, the better.

Consider these factors when defining your social media goals:

- **Social media strategies should revolve around relationship building.** Set goals in terms of broadening your reach as measured by followers and “likes” rather than financial targets. Do, however, pay attention to the link between social media activity and revenue.



- **Broaden your reach by having followers share the information you post.**

An infographic is an engaging way to present information or data in a visual format. Infographics and memes are among the most readily shared items on social media and are powerful because they tell a visual story and relay statistics or inspiring words in an easy-to-understand format. If done well, they can help to spread your message quickly. We found that having too much text in an infographic can hamper its impact online, so use numbers and images to tell the story, and ensure that words are big enough to read on-screen.

Make use of social media sites that are tailored to certain formats, as well. For example:

- **Create and customize a YouTube channel for your videos.**

Charitable organizations can set up an account for free. To see examples of videos we have posted, go to [www.youtube.com/bcchf](http://www.youtube.com/bcchf).

- **Use Instagram to share photos and quick stats.**

Instagram has more than 100 million active monthly users and gets one new user every second. See examples of our Instagram images at [instagram.com/bcchf](http://instagram.com/bcchf).

*The 2014 M+R Benchmarks Study* reports the rate of growth for social media users in terms of numbers is far greater than for email or website users. However, the report says that email “continues to dwarf social media both in audience numbers and as a driver of revenue.” Nonprofits in the study increased their Facebook fans by 37 percent and Twitter followers by 46 percent from the previous year.

Facebook and Twitter are useful

not only for creating awareness, but also for driving traffic to websites. Just last year, BC Children’s Hospital Foundation increased its social media-to-website referral traffic by an average of 45 percent. YouTube referrals to the website grew exponentially from roughly 300 in 2012 to more than 3,000 in 2013. Last year, 2,000 visits to the foundation’s donation page originated at a social media channel.

## **Crowdfunding a cause**

Crowdfunding is a peer-to-peer fundraising campaign through which people reach out to those in their network of contacts to support a cause—typically using sites such as Kickstarter, Crowdfunder and IndieGoGo. The key to a successful crowdfunding campaign is tapping networks of online friends and connections and sharing a compelling story.

Christa Couture, a Vancouver singer/songwriter and above-knee amputee, raised more than \$25,000 to purchase a microprocessor knee for her prosthetic leg—via the “Kneeraiser” campaign that a friend set up (<http://cc-kneeraiser.org>). The campaign was inspired by Facebook postings that included a photo of Couture being fitted for the device, along with descriptions of her experience and her lament at having to return the borrowed microprocessor that enabled her to climb stairs using alternate legs rather than one foot at a time. Her campaign took a few weeks to complete and its success is linked to two key factors: Couture’s personal connection to those who saw her photo and read her posts, and the large online network she built over 10 years.

Crowdfunding is similar to the peer-to-peer fundraising described earlier in this article, but it’s a very

personal experience—a one-on-one interaction through which donors give directly online to the person or project they are supporting. In many cases, they donate because they know the person they are funding or because a friend has asked them. Crowdfunding appeals spread quickly online by word of mouth and can be easily shared through social media.

Hospital fundraising that uses this kind of crowdfunding appears to have less success. BC Children’s Hospital Foundation and Sunnybrook Hospital in Toronto each attempted a crowdfunding campaign that was unsuccessful in meeting its goal. As larger organizations, hospitals appear to lack the one-on-one element that made Kneeraiser so successful. That said, if an organization has the right initiative—such as needing a piece of life-saving equipment—and has no other sources to fund it, crowdfunding may still be an option.

## **Text donations**

Text donations fall into two camps:

- **SMS (short message service) campaigns**, in which a text message is sent to individuals asking them to donate.
- **Text-to-give campaigns**, in which other communication channels are used to ask donors to make a gift via text message.

One of the best features of using text messaging to ask for donations is the high degree of certainty that the message will be read. Unlike email, your text message won’t go into a junk mail folder. The downside is that it is much harder to gain the contact information needed to approach donors via text. Still, texting often works well in generating smaller, fixed donation sizes of \$5 or \$10,

which can really add up with little cost to your organization. An important note: Text messages are considered commercial electronic messages (CEMs) and are subject to Canada's Anti-Spam Legislation (CASL).

BC Children's Hospital Foundation has not done much with SMS, but we have undertaken several text-to-give campaigns. Our most successful was "Share the Love Week," which we ran in partnership with the Pattison Broadcast Group to increase awareness and raise funds for a new building ([www.bcchf.ca/events/event-calendar/share-the-love-week](http://www.bcchf.ca/events/event-calendar/share-the-love-week)).

Ads ran on 21 radio stations across British Columbia; listeners were asked to make an online donation or text KIDS to 41010 to make a \$10 gift. To address the general lack of information available on text-to-give donors, our service provider texted a "we'd love to get to know you better" message to people after they completed their text donation, encouraging them to share their name and email address—which nine percent of donors did, opting in for future contact.

"I think the jury is still out on the effectiveness of text-to-give for day-to-day fundraising," says Angela Crowther, philanthropy officer at BC Children's Hospital Foundation. "It seems to work well when there's a high degree of urgency, such as following a natural disaster, but it can be difficult to gain momentum otherwise. I think people are still getting used to this way of giving, but it's worth testing. If done correctly, it can be a great addition to your fundraising plan."

## Mobile giving on the rise

In 2013 there were almost as many

mobile-cellular subscriptions (6.8 billion) as people in the world, according to the International Telecommunication Union. With that many users, it makes sense for organizations to consider mobile strategies for websites and emails. In 2010, the Nonprofit Technology Network (NTen) reported that roughly 10 percent of all website users accessed sites using mobile devices. A survey on Monetate.com of large ecommerce brands showed that, in 2013, mobile usage reached more than 25 percent.

It's important to understand the difference between mobile optimization and mobile responsiveness in order to choose the approach most likely to help you reach your goals:

- **A mobile optimized website** will look and function on your mobile device as it does on your desktop. Users have to pinch and zoom to accommodate the mobile optimized content and layout. Consider this option only if your budget is too tight for a mobile responsive website.
- **A mobile responsive website** is presented in a template specifically designed for mobile usage. The site recognizes you are accessing it from a phone or tablet and provides a better user experience. The end result is that it's easier for the user to make a donation. If you can't afford a fully mobile responsive website, at least have a mobile responsive donation page.


You also need to think about better "share functions"—icons that allow users to share articles, pictures and videos on their favorite networking sites—to connect mobile users to social media and improve website conversion rates, according to Scheer. "Currently about three

to seven percent of peer-to-peer fundraising donations come through mobile devices," she says, "but it's growing very quickly. And people tend to make higher gifts to peer-to-peer fundraising campaigns through their mobile phones than on their desktops."

## Tailor for your audience

When using websites and mobile devices to further your cause, customization and segmentation are as important as in traditional fundraising. You only have a few seconds to get donors' attention, so the more relevant your message, the more of it they will read.

Tailor your messages for different donor groups and continue to test to determine which messages work best for each group. Keep in mind that your online donor base is made up of multiple generations, each with a different comfort level with the Internet: Baby Boomers who grew up without it, Generation X who came of age alongside it, and Millennials born into this technology who often prefer it over other types of transactions.

Make your online information engaging and interactive. Ask prospects to take surveys, submit videos and photos, or enter a contest. And remember to always tell your story. Give your cause a voice through words and images—to share the real impact your organization has on people's lives. 



**Tara Turner, CFRE**, is a fundraising communications specialist and grant-writer at BC Children's Hospital Foundation in Vancouver. She has 15 years of experience in pediatric health care philanthropy and expertise in campaign communications, major gift proposals and donor stewardship. Turner also is the editor of BC Children's Hospital Foundation's *Speaking of Children* magazine.

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