



Association for Healthcare Philanthropy

The Campaign Organizational Plan
Major Gifts/Capital Campaigns

Sunday, July 9, 2000

1:00 p.m. - 1:45 p.m.

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2000 AHP Institute for Healthcare Philanthropy, University of Wisconsin, Madison, WI

Major Gifts/Capital
Campaign

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The Campaign
Organizational Plan

The Campaign Organizational Plan

1. Introduction
 - Session overview
 - Session Objectives
2. Six (6) Elements of a Successful Campaign Plan
 - Strong Case for Support
 - General Strategy
 - Required Procedures
 - Standards of Giving
 - A Timeline
 - The Expense Budget
3. Development of a Capital Campaign plan
 - Personnel Requirements
 - Organizational Chart
4. Campaign Leadership – The Critical Success Factor
 - Selection of Campaign Chairperson
 - Recruiting Campaign Steering Committee Members
5. Campaign Tools
 - Support Materials
 - Solicitation Training
 - Timetable for Meetings (steering, kick-off, and report meetings)
 - Campaign Policies
6. Summary and Questions



Development of a Capital Campaign Plan

- A Checklist -

Plan Component	Explanation/Examples
Fund raising strategies	Sources of top gifts, sequence of solicitation, and application of key components of the case
The role of the campaign steering committee, including authority to act on special gift arrangements; policy considerations	Enlistment of leadership, approval of campaign plan, case and policy development, checkpoint analysis throughout the campaign
The role of other volunteers	Identification of prospects, cultivation and solicitation of gifts
The role of development staff	Support for each volunteer campaign unit, research and writing responsibilities; gift accounting/records management, reporting.
The communications plan	Communication strategies, agreement on key messages, media, visual support, print support, bulletins and newsletters
The campaign budget	Staffing, computers, other equipment, meetings/events, travel, print/visual materials, telephone and mail costs.
The duration of the campaign and pledge period (usually 36 - 60 months total)	Define active solicitation period, pledge payment period, etc. Depends on size of goal, readiness of prospects, geographic considerations, and size of prospect pool.
Procedures for recording pledges and how gifts will be processed.	Varies, based on internal systems and software capabilities. Guidelines for volunteers asked to handle funds. Clarify proposed approach at the outset.
The rules regarding how gifts will be counted that are not directly a result of the campaign	Annual support gifts, selected planned gifts, etc. (See CASE guidelines as reference)
Guidelines for accepting non-cash gifts	Policies for in-kind gifts, deferred gifts and bequests, gifts of appreciated property
Establishment of authorities for assignment and transfer of securities	Procedures consistent with Board investment policies.
Guidelines for accepting planned/other gifts	Consistent crediting policies
Approval of recognition opportunities	Pre-established, consistent with institutional policies; campaign gift chart and prospective donor pool
Final campaign wrap-up and audit	The basis for stewardship of all donors and the pledge collection processes

CAMPAIGN PLAN

Corinne Croteau Lepage Women 's Health Pavilion
at
St. Mary's Regional Medical Center

CAMPAIGN PLAN OUTLINE

March 1998

The Campaign will take place in two phases:

QUIET PHASE: March through June

- Enlist a Campaign Steering Committee, consisting of a Chairperson and key leadership for all divisions.
- Approve a Campaign Plan
- Accept a Campaign theme and develop an accompanying logo
- Prepare all printed materials and a video presentation
- Begin prospect research and cultivation
- Identify, recruit and train volunteer solicitors
- Form an Employee Campaign Task Force
- Form a Medical Staff Campaign Task Force
- Solicit the Board of Directors
- Solicit Employees
- Solicit Medical Staff
- Begin Leadership Gift Division solicitations (\$50,000 and above)
- Possibly begin Major Gift Division solicitations (\$10,000 to \$49,999)
- Possibly begin Vendor solicitations

NOTE: Make public announcement when 50% of goal is pledged.

PUBLIC PHASE: June through October

- Begin Corporations solicitations
- Begin Foundations solicitations
- Organize Community Campaign (by area)
- Solicit Special Gift Division prospects (\$3,000 to \$9,999)
- Solicit area businesses
- Solicit Community Gift Division prospects (under \$3,000)
- Follow-up in all divisions.

STATEMENT OF PURPOSE

A. Benefits of a Capital Campaign

In addition to significant monetary contributions to the Capital Campaign, the benefits to St. Mary's Regional Medical Center and the Sisters of Charity Health System include:

1. Discovering and developing new volunteer leaders for the Foundation;
2. Focusing attention on the purpose, programs and services of the Medical Center and Health System;
3. Uniting constituencies in a common cause, thereby strengthening the morale of staff and volunteers;
4. Promoting a positive public image of St. Mary's by highlighting the Medical Center's increased ability to respond to the health care needs of its constituency;
5. Identifying new prospects for ongoing support; and
6. Raising the sights of donors for future annual and capital appeals.

B. Requirements of a Capital Campaign

Favorable Public Image - St. Mary's Regional Medical Center enjoys a reputation for providing "high touch" quality health care to its community. The feasibility study performed by J. Donovan Associates, Inc., confirms the community's support of the Medical Center. The critical importance of the Medical Center to the communities it serves must be continuously reinforced by Campaign leadership.

Hospital Family Commitment - Unqualified commitment to the Campaign goals by those who carry responsibility for the operation and growth of the Medical Center is essential. The Health System Board, Medical Staff and Employees represent the "official family" and must set the example in terms of support and commitment.

Leadership - Effective fundraising emanates from the volunteer leadership of the Health System and the Foundation. The General Campaign Chair, Division Chairpersons, and Committee Chairpersons should be people who can inspire others of similar ability and means to solicit all potential donors.

Organization - A working organization of sufficient numbers of enthusiastic, dedicated and informed volunteers must be recruited to solicit personally all potential donors. Peer-to-peer and face-to-face solicitation is essential for success.

Time Line - The raising of \$1.5 million can happen only if a reasonable time table is developed and observed. A detailed timeline has been provided.

C. General Strategy

To encourage and enable the community to support a new building at St. Mary's Regional Medical Center expected to cost nearly \$6 million, the Foundation has undertaken a major Capital Campaign.

While it is anticipated that a portion of the cost of the project will come from the Health System, the philanthropic support of the community will be needed to make the project a reality. A minimum of \$1.5 million must be raised by donations from the Health System "family" and the community at large.

Campaigning for the project will be accomplished in two phases. An advanced gifts phase will focus on those closest to the Health System, including Employees, Board of Directors, and Medical Staff. Leadership gift prospects will be solicited early, also.

Following that, public campaigning will be organized in three additional divisions defined by the anticipated level of donor support and concluding with a broad-based, community-wide effort in the late summer/early fall of 1998.

D. Procedures

The Sisters of Charity Health System Board is responsible for securing funds necessary to meet the objectives of the Campaign. The Campaign Chairperson, with the advice and support of the Chairpersons of the Health System Board, the Campaign Steering Committee, the Administration and fundraising counsel, will administer the Campaign effort with full authority to act under such policies as may be determined:

1. To launch an education and awareness program to create a wider understanding of the services offered by St. Mary's and the needs for which funds are being raised. The Foundation, under the guidance of the Executive Director, has already begun this important process.
2. To prepare prospect lists, study and analyze potential sources of support and assign pledge cards to the individuals best qualified to contact prospective donors to obtain thoughtful and appropriate multi-year investments.
3. To enlist volunteers to serve on committees and to make personal solicitations of individuals, corporations and foundations for investments in this program.
4. To train and orient volunteers to ensure that each is thoroughly familiar with the program, is prepared to answer questions, and is instructed to the proper technique of approaching prospective donors to secure maximum support.
5. To announce and conduct meetings or other events to create enthusiasm and to weld the volunteer organization into a loyal, cohesive, determined and dedicated force working for the Foundation to check the progress of solicitation and to maintain the vital tempo of the volunteer effort.
6. To organize operations that ensure all identified prospective donors are contacted to establish procedures that ensure all gifts and pledges are received.

E. Solicitation Guidelines

The Capital Campaign organization will be composed of volunteers willing to give generously of their time, abilities and financial support. The following guidelines should be followed throughout the Campaign for the maximum degree of success and the most efficient use of volunteers' time.

- The Campaign Steering Committee must be aware that "people give to people" and exercise the utmost care in selecting and recruiting volunteers at all levels. There should be a specific reason for each enlistment.
- All volunteers will be asked to make their own thoughtful investments before soliciting others. Receipt of a volunteer's pledge should predate soliciting of others. Normally the person securing an appointment will be responsible for soliciting that individual or prospect.
- The team approach - two or more volunteers or a volunteer and campaign staff member calling together - is highly recommended, particularly in the Leadership and Major Gifts Divisions (i.e. gift asks of \$20,000 and higher).
- All volunteers will make personal, face-to-face presentations to prospective donors. This is mandatory if success is to be achieved.
- Volunteers should expect to make at least two presentations to each prospect, especially those in the Leadership and Major Gift Divisions. The first visit is to discuss the human needs the Campaign will address and the prospect's relative support - including a suggested "asking" or "think-about" figure. The second visit is to commit the prospect to an investment which is geared to the standard of giving necessary for success. In some instances, more than two calls may be necessary.
- Because of the time it takes to conduct a proper solicitation, it is desired that volunteers not be asked to solicit more than seven prospects.
- Pledge cards should not be left with prospects while they consider gifts. The pledge cards should be retained by the volunteer until the moment when the prospect is ready to make a pledge. Leaving a pledge card results in difficult follow-up and sub-standard pledges.
- The ultimate decision regarding a pledge is the donor's, and the donor's alone. It is the policy of the Campaign that no one can or should presume to tell another what he or she must pledge. "Think about" ranges should not be construed as quotas, but as realistic appraisals of giving potential presented to donors for their thoughtful consideration.
- A volunteer should accept the responsibility for soliciting a prospect only when he or she feels that: (a) the suggested figure is reasonable and obtainable; and (b) she or she is the best qualified person to obtain the maximum pledge. Any questions concerning this figure should be discussed with Campaign leadership prior to solicitation. It is important to listen to our prospects after soliciting them for the suggested amount. It is always possible to negotiate from a higher to a lower asking amount, but rarely from a low asking figure to a higher one. Prospects often present objections two or three times before making a pledge.
- Volunteers should take maximum advantage of naming and recognition opportunities as a valuable sales tool and as means of establishing the suggested range of giving in the prospects mind.
- Volunteers should be aware of and discuss with prospects the tax advantages of a gift and tax

advantage for the donor when contributing stocks, bonds, or other property that has appreciated in value.

- As a negotiating tool, solicitors should encourage donor prospects to consider paying off their pledges over several years to maximize their gifts. Generally, donors may take up to three to five years to fulfill pledges.
- Pledges are generally considered moral obligations, solicited by volunteers and given of one's own free will, whose fulfillment rests, in large measure, upon the confidence of the donor in St. Mary's Regional Medical Center.
- With the exception of some "family" prospects to be solicited in the early Quiet Phase, all prospects will be assigned for solicitation in divisions based on giving potential, not based on type of prospect.

CAMPAIGN ORGANIZATION

A. Committees and Divisions

The following volunteer and staff forces of the Foundation must be enlisted, integrated and unified if the campaigns to be effective (see organization chart):

- Campaign Steering Committee
- General Campaign Chairperson (Chair of Steering Committee)
- Family Gifts - including Board, Medical Staff and Employees
- Leadership Gifts Division (\$50,000 and above)
- Major Gifts Division (\$10,000 and above)
- Special Gifts Division (\$3,000 and above)
- Community Gifts Division (under \$3,000)
- Prospect Evaluation Committee

B. General Chairperson

The general Chairperson serves as the leader of the Campaign organization and acts under the authority of the Board of Directors, with support from the Health System Administration, the Steering committee and the Campaign Office. The chairperson is an outstanding citizen, a well known civic leader possessing enthusiasm and dedication for the project. He/She must be willing to allocate the necessary time to the Campaign.

The chairperson's responsibilities include:

- Presiding at regularly scheduled Steering Committee meetings.
- Enlisting for leadership all divisions.
- Providing overall leadership and supervision of the Campaign timetable, activities, strategies and policies.
- Working closely with the Campaign Office to plan, coordinate and assess Campaign progress.
- Making an early and significant personal gift (and, if applicable, a corporate gift) to the Campaign that is commensurate with his/her position and ability.
- Enlisting and participating in the work of prospect review committee as needed.
- Serving as chief spokesperson for the Campaign.

C. Board of Directors

A high degree of involvement in the Campaign is expected of all Board members. Some specific examples are as follows:

1. Board members are among the first groups to be solicited in a Campaign. They must make personal and/or corporate commitments fully commensurate with their means and interest. Their gifts will challenge and inspire other prospects.
2. Board members will be asked during the course of the Campaign to accept responsibility for a reasonable number of solicitations.
3. Certain Board members maybe asked to accept positions of leadership in the Campaign organization.
4. The assistance of Board members will be sought from time to time in identifying prospects and in providing entree to a prospects, when possible.
5. Board members will have periodic opportunity to review progress reports by the Campaign Chair.

D. Steering Committee

This committee comprises the Campaign Chairperson, Division Chairpersons, Chairman of the Board, Health System President/CEO, Foundation Executive Director, Campaign Director and any other persons appointed by the Campaign Chairperson. The Committee established policies and strategies that will guide the Campaign to a successful conclusion. It is authorized to accept any gifts or term payments as long as they fall within the guidelines of the Board. The Steering Committee will meet at the call of the Campaign Chairperson, who will preside. Typically, it will meet twice a month.

In addition, members of the Steering Committee are expected to participate in prospect review, when appropriate, and to help the Campaign Chair as necessary.

E. Prospect Evaluation Committee

It is imperative that the prospect review process begin early on to identify those with realistic potential for the Quiet Phase of the Campaign. This group, appointed by the Chairperson, will provide essential service behind the scenes in helping to classify the giving potential of prospects. While it is an extremely sensitive task, it is safe to say that the Campaign will not be successful without a thorough appraisal of its prospective donors.

The General Chair should enlist this review, persons of extensive knowledge of the prospect constituency. Participants will remain anonymous, and all deliberations will be held in confidence.

During the prospect review process, an appropriate asking range will be determined for each prospect, along with the name of the best volunteer to make the visit. The "Standards of Giving" table should be used at each meeting.

One of the essential by-products to be developed in the foregoing procedure will be the identification of potential volunteers and the proper person to enlist the volunteers.

F. Family or Quiet Phase

This division is composed of the Board, Employees and Medical Staff, and will set the Campaign's pace. Other divisions will begin soliciting after most family efforts have begun.

The ultimate success of the Campaign relies heavily on the Board of Directors because of their authority and leadership. They will be among the first groups to be solicited for the Campaign. It is hoped that they will make commitments fully commensurate with their means and interest because their gifts will serve not only as a challenge and inspiration to those not as close to the Medical Center, but also to the Employees and Medical Staff.

As part of the Family Phase, the Medical Staff will conduct their own Campaign. This is essential to the Campaign's success because of their intimate understanding of the need for his project. No one reasonably expects the Medical Staff to fund the entire or even the major part of the project. However, each physician will be respectfully requested to consider thoughtful proportionate gift in relation to her or his personal circumstances. Individuals, particularly those in the business community, are much more likely to support the Campaign if the Medical Staff contribute significant amounts early.

Employees of St. Mary's Regional Medical Center can best serve the Campaign by aggregating their gifts in the Employee Division. They know the vital need that exists. By declaring their support early, the results will influence giving by other groups. The opportunity to utilize payroll deduction make generous gifts more possible.

G. Public Phase

Leadership Gifts Division - The Leadership Gifts Division, under the leadership of a chairperson will be responsible for the solicitation of gifts in the range of \$50,000 to the top gift in the Campaign. Membership of this committee will be composed of those capable of influencing these top level gifts. This committee will be established as soon as possible and will work throughout the Campaign to secure the major support necessary for the success of this effort.

Major Gifts Division - The Major Gifts Division will seek support for the Campaign from donors in the range of \$10,000 to \$49,999. Under the leadership of a carefully chosen chairperson, this group will focus on prospects capable of making gifts at this level.

Special Gifts Division - The Special Gifts Division will seek to support the Campaign from donors in the range of \$3,000 to \$9,999. Under the leadership of a carefully chosen chairperson, this groups will focus on prospects capable of making gifts at this level.

Community Gifts Division - The Community Gifts Division will seek broad-based support for this Campaign through donations of less than \$3,000. This division will be the last to begin and will work with individuals and small businesses capable of support at this level.

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PUBLIC RELATIONS PLAN

A. The Need

The Capital Campaign will require considerable and constant attention to public relations and communication activities. Effectively planned and executed, these activities will provide a positive climate for successful solicitation.

Few campaigns are won, however, solely on the strength of a public relations program. People, both donors and volunteers, win campaigns. Therefore the following activities have been designated with "people-oriented" objectives in mind.

B. Objectives

The public relations program of the Capital Campaign will have three goals:

1. To inform the public that an urgent needs exists and that the Medical Center has made plans to meet the need.
2. To inspire the public to support the plans.
3. To involve the public to invest in the plans.

C. The Scope

An audio/visual presentation, printed materials - including a brochure that states the case for support succinctly, a fact sheet, a question and answer sheet, a list of naming opportunities and pledge cards - cultivation events, and Campaign news releases are the primary tools used to accomplish the above listed objectives. If prepared and used properly, these tools will enhance the image of the Medical Center, motivate Campaign volunteers, and inspire prospects to invest in the communications program of the Campaign:

1. **Audio/Visual Presentation** - A video presentation will be developed to present the Medical Center story incorporating all projects and a personal message from the Campaign Chairperson.
2. **Printed Materials -Facts Package** - a concise statement of essential data about the Campaign; is used primarily to give basic Campaign information to members of the Leadership Division and to solicitors in other divisions.

Case for Support - a comprehensive document describing the Medical Center and the reason for the Campaign; is a call to action; is the principal source of Campaign information; is used as a solicitation tool by volunteers; may be the basis for proposals to foundations and corporations; is the basis for the major brochure for the Campaign; and provides a consensus for all leadership.

Theme and logo - wording and a design element to represent the Campaign; appears on all Campaign material.

Letterhead and envelopes - are printed with theme and logo.

Label - used for mailing purposes and for identification of volunteers material.

Pledge Cards - are not legally binding, but are an indication of the donor's intentions to support one or more of the needs of the Campaign.

Major Brochure - a visualization of the Case for Support; is a major sales tool of the Campaign.

Proposals - are prepared and submitted to corporations, foundations and individuals, as required.

Question and Answer Pamphlet - anticipates the most frequent questions about the Medical Center and the Capital Campaign; provides brief factual responses; is usually incorporated with the major brochure.

Volunteer Kit - contains necessary materials for volunteers solicitors.

Naming and Recognition Opportunities - a listing of opportunities acknowledging donors who contribute to the Campaign.

3. **Media - Radio and Television** - public service ads, running Campaign video on local cable channels.
4. **Other** - special events, rallies, displays, speakers' bureau.

Editorial Support - at the initiation of the public phase of the Campaign, leadership will solicit the editorial support of local, daily and weekly newspapers.

News Releases - (a) announcements of key leadership, (b) announcing major gifts (with permission of donor), and (c) Campaign milestones.

The preceding list of suggested public relations activities is flexible. Changes may be dictated by new developments or by opportunities not now apparent.

Need for Proper Timing - Proper timing is important in the public relations program for the Capital Campaign. The plan will be to start slowly and methodically build to a crescendo for the public phase of the drive. At that point, Public relations activities will be aimed at total community saturation.

STANDARDS OF GIVING

Significant amounts of money are raised by strategically planned and executed solicitations. In advance of any requests for support, Campaign leaders must know what standards of giving are necessary for success. So informed, they can and must communicate a sense of these standards to the entire constituency of volunteers and donors.

A "Standards of Giving" table is a sobering chart. It says, in effect, that without gifts which approximate those indicated, the entire effort has little chance for success. In a mood of urgency created by this awareness, Campaign leaders are better prepared to offer specific suggestions to prospective donors, most of who will seek such guidance.

Fundraising experience shows that standards of giving vary somewhat according to the type of Campaign. The "Standards of Giving" table provided draws upon experience gathered on many similar campaigns. All potential donors must be measured against these standards.

The responsibility of Campaign leadership is the identification, cultivation, evaluation and thoughtful and persuasive solicitation of prospects whose abilities to give and whose interest in the project match these standards. The volunteer is more able to do an effective job when he or she:

1. Proceeds with an understanding of the Case for Support and the caliber of gifts required for success;
2. Makes each approach fortified by a specific evaluation of a "think about" figure for the donor's consideration; and
3. Has made a similar gift from personal resources in advance of asking others to support this project.

SOLICITATION OF FAMILY DIVISIONS

A. The Board of Directors Solicitation

The Board Division Chair and Campaign Director decide what solicitation method will be utilized. A suggested pledging guideline will be developed by these individuals. The decision of whether former members of the Board are to be solicited with this Division will be made by this group.

B. Employee Solicitation

The Foundation Executive Director and Campaign Director are responsible for organizing and employee solicitation division. The method of canvassing is at the discretion of the Employee Committee.

As noted earlier, St. Mary's Regional Medical Center will have an opportunity to challenge others in the community to meet the needs expressed in the Campaign. Among the most important constituents of the Medical Center, employees represent hundreds of community ambassadors. The Employee Campaign assumes as equal objective; (1) giving every employee advance information about a program of critical importance to them; and (2) asking them to make a financial commitment which will demonstrate to others in the community the importance of the project. Other prospects will follow their example, which will eliminate any doubt that those closest to the Medical Center believe in the necessity of the project.

C. Medical Staff Solicitation

The Campaign Chair, in consultation with the Health System President/CEO, Foundation Executive Director and Campaign Director, is responsible for recruiting the Chair of the Medical Staff Division. Once recruited, and with the guidance of the aforementioned individuals, the Chair of the Medical Staff Division is responsible for suggesting and setting giving guidelines, recruiting the required number of physician volunteers, and calculating a reasonable but challenging goal for the physicians as a group.

Without question, the role of the Medical Staff is of paramount importance to the overall success of the Campaign. As the health care professionals through which the Medical Center provides skilled service to the community, and as that group which understands the need for this project most intimately, the physicians of St. Mary's will be looked to for a demonstration of interest in the Medical Center and commitment to the project.

Of importance to note, however, is that physicians are not being singled out to carry a disproportionate share of the Campaign objective. Throughout the St. Mary's service area, relevant prospects will be asked to consider multi-year investments commensurate with their interest and ability. Members of the Medical Staff will be asked to make such a commitment in advance of the community in order to establish valid benchmarks for giving and to ensure the credibility of the Campaign.

D. Solicitation of Vendors

The Campaign Chair, in consultation with the Health System President/CEO, Foundation Executive Director and Campaign Director will decide whether to include solicitation of both local and national vendors to St. Mary's as part of the "family." If so, St. Mary's managers should be recruited to form a "Vendors Soliciting Team." Responsibility for appropriate procedures rests with a Health System Administration appointee in consultation with the Campaign Director.

CAMPAIGN GIFT ADMINISTRATION

A. General Policies

1. The normal pledge period will extend three to five years. Members of the Medical Staff and the Board may be asked to consider five-year pledges in order to make pacesetting gifts. Other major donors may select a five-year schedule. Payments on pledges may be made at the option of the donor, annually, semi-annually, quarterly or under such other schedule as may be specified within The normal pledge payment period.
2. Pledges containing unusual features will be submitted to the Board of Directors for acceptance.
3. The Campaign Steering Committee will have the authority to accept "letters of intent" from corporations and individuals, if use of the pledge card is contrary to their policies, and should determine in such instances the value to be established for transmittal purposes.
4. When gifts involving securities are offered to the Foundation, the donor's broker should be instructed to notify the Foundation office of the transfer. The Foundation should then instruct the broker to sell the securities immediately and remit the net proceeds to the Campaign Office.
5. The Board of Directors will be authorized to accept gifts of real and/or personal property, after consulting with the Medical Center and Campaign Director. The retention or conversion of these assets is the responsibility of the Board.
6. All annuities, trusts, gifts or gifts of insurance will be submitted to the Foundation for drafting, appraisal and recommendation to the Board of Directors.
7. Any funds accruing to St. Mary's through bequests or other gifts earmarked for capital development during the active Campaign period will be credited to the Campaign and applied toward the Campaign objectives, unless specifically designated for other capital purposes by the donor.
8. All pledge cards, except those on which payroll deductions by Medical Center employees is authorized, will be retained by the Foundation for the duration of the pledge period. Payroll deductions cards will be forwarded to the payroll department as authorization to deduct pledge payments from wages.
9. All gifts to the Campaign will be acknowledged by personal letters signed by the General Chair, Health System President/CEO, Foundation Executive Director, Campaign Director or other designee of the Steering Committee.
10. Throughout the active Campaign period, all news releases, responses to media inquiries or other public statements regarding the Campaign will be made by or approved by the Public Relations Office with close counsel of the Campaign Director.

B. Planned Gifts - The acceptance and recognition of Planned Gifts to the Campaign will be at the discretion of the Board of Directors.

C. Commemorative Gift Opportunities - The Campaign Director in partnership with the Foundation Executive Director will make recommendations for naming and recognition opportunities within the Women's Health Pavilion. A representative list of available naming and recognition opportunities will be published in the printed Campaign literature. The value given to a unit is based on desirability of the facility rather than on the actual cost of construction. At the appropriate time, a Medical Center official will assume the responsibility for providing appropriate marking for all reserved units.

SAMPLE HOSPITAL FOUNDATION

Capital Campaign Organizational Chart

Leadership Gifts \$50,000 & up
 Major Gifts \$20,000 to \$49,999
 Special Gifts \$3,000 to \$19,999
 Community Gifts \$3,000 & under

