How to become a Top Producer in Healthcare Philanthropy

A Proven System to Get More Visits, Make More Asks, and Close More Gifts

UPDATED WITH NEW: Raisers Edge® Moves Management Program and HIPAA Final Rule Changes
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Key Metrics
Key Metrics

Key Metrics are your numbers. They provide a detailed understanding of what you must do to close more gifts every year. Key Metrics become the guide to your activity goals and create the discipline for your success.

So how do you identify your Key Metrics? You can begin by answering 10 important questions:

- What is your goal for dollars raised?
- What is your average gift?
- How many gifts do you need to close to reach your goal?
- How many asks do you need to make to reach your goal?
- How many visits do you need to make to close a gift?
- How many visits do you need to make with prospects in your top group? (Please refer to the Prospect Stratification section in the Appendix for an explanation of the top, middle and low prospect groups).
- How many visits do you need to make with prospects in your middle group?
- How many visits do you need to make with prospects in your low group?
- How many total visits do you need to make?
- What are your monthly targets for visits, asks and gifts closed?
Chapter 1

Setting Your Annual Goal

Have you established an annual goal for how much money you expect to raise this year? If you do, great... but how did you arrive at that number?

The most effective approach to goal-setting is to apply a logical technique based on the status of your top prospects. If you’re on a calendar-year schedule, begin the goal-setting process in October by reviewing your pipeline to identify a realistic but aggressive goal for dollars raised (cash and pledges) for the next year. In particular, you should look at several different groups of prospects: those in a Solicited or Ready to Solicit status that won’t close in the last two months of the current year and those in Cultivation or Stewardship status that will be ready for an ask in the next year.

From this review, you will be able to identify those prospects who will be asked for a gift in the next year and the anticipated amount of each gift. This becomes your goal for dollars raised.

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Chapter 2

Determining Your Average Gift

Think of the last few gifts you’ve closed at your institution... What was the average size of those gifts? If you’re new to your role, ask your supervisor or colleague the average dollar amount of a gift at your institution.

Based on your experience or data from your colleagues, enter the amount of the average gift in the My Key Metrics box to the right.

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Chapter 3

Identifying How Many Gifts You Need to Close

Okay, now let’s do some math. Divide your annual goal of dollars raised by your average gift amount. The answer tells you the target number of gifts you need to close every year to meet your annual goal of dollars raised.

Enter that number on the No. of gifts needed line in the My Key Metrics box to the right.

**Note:** Generally, I look for major gift officers to set a goal in the $1 million to $2 million range and have average gifts of $100,000 to $200,000. This means they need to close on average about 10 major gifts each year to reach their goal.

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Chapter 4

Identifying How Many Asks You Need to Make Each Year

So now you know how many gifts you need to close each year on average to reach your goal. But how many solicitations do you need to make to close your number of gifts. Put another way, what is your closure rate?

Again, think about how many times you have to ask for a gift before you close one. If you haven’t had enough time in your role to determine this percentage, ask a colleague or your supervisor.

**Note:** Generally, I look for major gift officers to close about one-third of the major gifts they ask for at the asking level. Therefore, they need to make 30 asks to close 10 gifts.

From your closure rate, you now can determine how many asks you need to make to close your required number of gifts to meet your dollars raised goal.

Enter your numbers to the right.

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Chapter 5

Identifying How Many Visits You Need to Make to Close a Gift

To review so far, you have established your dollars raised goal; you know your average gift; you know the number of gifts you need to close and the number of asks you need to make to reach your goal of gifts closed.

The next question is how many visits you need to make to get to your desired number of asks.

To determine this, consider how many visits, from start to finish, you generally need to close a gift? There is a wide range here for development officers. For some, it might be ten visits, for others it might be two.

**Note:** For us, the average is about five visits: one to qualify, two to cultivate, one to ask and one to close. This sequence is part of our Key Steps, which are described in greater detail later in this book.

Enter your number of visits to close a gift in the Key Metrics box to the right.

**My Key Metrics**

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Chapter 6

Identifying How Many Visits with Prospects in Your Top Group

First, determine the number of prospects you need in your “top group.” These are your best prospects, which have been solicited already but have not decided yet, are ready to be solicited or will be ready in the near future. The number of prospects in your top group should be equal to or greater than the number of asks you need to make in the next year.

Note: If major gift officers need to make about 30 solicitations each year, they each must have 30 prospects or more in the top group of their pipelines.

Second, determine how many visits you need to make with prospects in your top group.

Note: For us, we need one visit to ask and one visit to close, or a total of 60 visits (30 top prospects x 2 visits each).

What happens to the other 20 prospects in your top group (the ones that didn’t close)? If they decide to not make a major gift, we will try to close an annual gift, perhaps a $1,000 gift, and then decide if we should keep them in our pipeline or reassign to annual fund.

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Identifying How Many Visits with Prospects in Your Middle Group

How many prospects do you need to have in your middle group and how many visits do you need to have with them? Remember, these are or stewardship status and 12 to 24 months away from an ask. Essentially, this list eventually will yield your future top 30 prospects.

Note: For us, we need an average of two visits with each prospect in the middle group to get them ready for an ask: one visit to identify their area of interest and one visit to articulate the case for support. Additionally, we may include them in special events such as tours and send them personalized communication pieces to enhance the cultivation process.

Note: From our experience, we know that on average one-third of the names in our middle group will fall off our list for lack of interest. Again, we will ask those prospects not moving up to our top group for a leadership annual gift, and then we will reassign them to the annual fund.

To identify how many prospects you need in the middle group, take the number of prospects you need in your top group (30) and determine how many more you will need to accommodate your drop off (1/3). In our case, we need at least 45 prospects in the middle group to still get 30 to the top in the next year.

Multiply the number of prospects you need to have in your middle group (45), by the number of visits needed per prospect (2) to determine

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your total visits for middle group prospects (90).

We now know that (45) is the desired number of prospects in your middle group and (90) is the number of visits you need to make with this group.

Note: You also will have prospects in your pipeline in stewardship or long-term cultivation who are several years away from an ask; therefore, the size of your middle group will be larger than just the 45 prospects. This is fine, and you’ll want to keep these prospects moving forward at their required pace, but it’s important to stay in front of your best 45 prospects to achieve the best results year-over-year.

Enter your numbers in the Key Metrics box to the right.
Chapter 8

Identifying How Many Visits with Prospects in Your Low Group

As you know, you must qualify new prospects every year to continue to replenish your pipeline. These newly qualified prospects become your low group. The number of new prospects that you need to qualify each year is the next value for you to determine. Over time you will become skilled at qualifying a prospect for interest and capacity in your first visit.

**Note:** From our experience, for every two new prospects we visit, one will be successfully qualified and move up to cultivation. The prospect we do not successfully qualify will be asked for an annual gift and reassigned to the annual fund.

We have estimated that we need to qualify 30 new prospects each year to keep our pipeline strong. Based on our 50% success rate in qualifying prospects, we need to make 60 qualification visits every year.

Enter your numbers in the Key Metrics box to the right.

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Computing the Total Number of Visits You Need to Make Each Year

You now have established the following requirements:

- group (30) and the number of visits with these prospects (60),
- The number of prospects in your middle group (45) and the number of visits with these prospects (90),
- The number of prospects in your low group (30) and the number of visits with these prospects (60).

Your results will add up to a total number of prospects (105) and a total number of visits (210) you need to make every year to create a sustainable cycle of gifts closed and dollars raised.

**Note:** the generally accepted portfolio size for gift officers is 150, which is close to what you will have when you add your 105 prospects to the other, longer-term names in your middle group.

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Chapter 10

Breaking Down Your Numbers

Now that you know your annual numbers, let’s break them down.

Start with your annual numbers and divide by 12. For us, this means an average of 17 to 18 visits (210/12), two to three asks (30/12) and one closed gift (10/12) each month. These numbers to identify your monthly targets.

Does this mean that if you don’t make 18 visits a month that you won’t reach your goal of 10 closed gifts a year? No, but if you consistently fail to reach your monthly targets, you won’t reach your annual goal. It’s that simple.

The real importance of your Key Metrics is that they help you to stay focused on what’s important: getting visits, making asks and closing gifts.

Key Metrics will increase your activity level, but working hard is not enough. You also need to work smart if you want to raise increasing levels of money. You will learn to work smart by mastering the Key Steps.

75/25 Goal Setting and Time Management

Metrics for Success

The most productive and successful gift officers work strategically and exhibit discipline in their approach to time management. Many of them spend 75% of their time on true fundraising activities (prospect work) and the other 25% on administrative tasks outside of this core work.

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[Table: My Key Metrics]

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How to Become a Top Producer in Healthcare Philanthropy
75% prospect work includes:
- Calls to prospects and donors
- Visits with prospects and donors
- Other donor/prospect communications
- Physician meetings and communication
- Proposal writing
- Prospect strategy
- RE entry

25% other work includes:
- Board and volunteer management
- Leadership engagement
- Administrative meetings
- Events

Achieving the Numbers:
Total Hours in week (40) times number of weeks (48) = 1,920 Total Available Hours

Prospect Work (1,050 hours for 210 visits) + Physician Champion Visits (375 hours for 150 meetings) = 1,425 Hours (74% of your time)

I. Prospect Meetings – Goal: 210
   - Qualify
   - Schedule
   - Prepare
   - Travel
   - Meet
   - Follow-Up
   - Follow-Through
   5 Hours Each x 210 Visit = 1050 Hours

II. Physician Champion Meetings – Goal: 150
   - Qualify
   - Schedule
   - Prepare (by others)
   - Travel
   - Meet
   - Follow-Up
   2 1/2 Hours Each x 150 Visit = 375 Hours
Key Steps
Key Steps refer to the development process each prospect and development officer will go through. Through Key Steps, you can improve the quality and efficiency of each interaction with each prospect/donor. Some prospects may move quickly and others slowly, but all prospects will work their way through the cycle.

I know there are some who believe that following a process and using prepared questions and scripts will make you sound insincere or programmed. I believe that you can be prepared and still bring a sense of style and creativity to your work. You can still customize your interactions with each prospect.

A development officer who uses a process and is prepared will accomplish several factors. You’ll reduce the tension or anxiety in the room for you and the prospect; you’ll sharpen your communication skills; and you’ll bring a stronger sense of professionalism and confidence to your work.

Remember, when you visit a prospect for the first time, he or she is thinking: who are you, what do you want, and why did you pick them. We’re all a little suspicious of strangers eager to talk to us. Being prepared and having a process will reduce the anxiety of your prospects and you.

I believe they are several Key Steps in the development cycle of closing a gift:

- Identifying the prospect
- Introduction to the prospect
- Setting the appointment
- Qualifying the prospect (Visit #1)
- Cultivating to identify interests (Visit #2)
- Cultivating to articulate the case for support and soft ask (Visit #3)
- Making the ask (Visit #4)
- Closing the gift (Visit #5)
- Stewarding the gift

In the following chapters, we will review each Key Step in detail and identify recommended pre-visit checklists, suggestions for scripts or talking points and explain how to align your prospect to the next Key Step.
Chapter 1

Identifying the Prospect

Working for a hospital, we are blessed with more patient names rated at high-capacity levels then we will ever have enough time to visit. But how do we find the best prospects?

Before the Final Rules on HIPAA were released in January of 2013, it was unclear how development offices and medical staff could effectively partner to identify patients that had the interest and capacity to make a major gift. Most hospitals would receive a list of patients daily or weekly. They would wealth screen the list and identify those patients that had the highest indicators of wealth. They would assign those wealthy patients to gift officers, who would either try to visit the patient while they were still in the hospital or call them after their discharge. Either way, their results seldom led to follow up visits.

But life as we knew it changed for the better on January 25, 2013. On this day, the U.S. Department of Health and Human Services published the Final Rule for the much-anticipated amendments to HIPAA.

So What Changed? The biggest change, effective March 26th, 2013, is a hospital’s ability to receive three new types of patient information: 1) department of service, 2) treating physician, and 3) outcome information. The core passage in the Final Rule with respect to fundraising states:

“In addition to demographic information, health insurance status, and dates of health care provided to the individual (which is currently permitted under the Rule), this final rule also allows covered entities to use and disclose department of service information, treating physician information, and outcome information for fundraising purposes.”

What Does This Mean to Hospitals? We know that grateful patients donate, more than any other reason, because of their gratitude to physicians and nurses. And we know that when you effectively partner with medical staff to identify patients that are grateful, gift officers will close more and larger gifts, faster.

Yet the challenge for all of us has been navigating the HIPAA regulations to create an effective partnership. The regulations released on January 25th remove these obstacles. As a result, conversations between physicians referring patient names and gift officers
will become more substantive and interactions with grateful patients will take on added context and meaning.

But with all this good news comes a more stringent “opt-out” requirement. Beginning September 23rd, 2013, the opt-out is required to be “clear and conspicuous” and the method must not cause an individual to incur an “undue burden or more than a nominal cost.”

The Amendments also broaden the types of fund raising communications subject to opt-out notification. Previously, only written fundraising materials required opt-out instructions. Under the Amendments all forms of fund raising communications must contain opt-out instructions. This includes telephone calls, other oral communication, and electronic communication such as e-mail and social media communication that use lists created from protected health information.

**And compliance will not be optional.** Under current rules, hospitals were only required to make “reasonable efforts” to comply with opt-out requests. By September 23th, 2013 hospitals **must** have implemented a stronger opt-out process; reasonable efforts will no longer be sufficient.

So with this new opportunity, how should you identify the best prospects? Ultimately, identifying the best prospects is about finding individuals that are grateful for their care and who have the capacity to donate a major gift. Therefore, identifying the best prospects requires a two-step process.

First, you need to meaningfully engage medical staff in the philanthropic process to get them comfortable with the idea of referring the names of patients to you. The key to getting them comfortable is changing how they think about philanthropy. For most medical staff, the idea of being a part of the philanthropic process is uncomfortable and intimidating. But they don’t need to be. To begin their transformation, make sure they understand you don’t want them to ask their patients for money. Their role is to help identify patients that are grateful, to introduce them to you, and to be involved in the process in a meaningful way, but not to ask. Next, help them understand that philanthropy, for grateful patients, is not about writing a check; it’s about feeling so grateful for the extraordinary care they have received that they want to give back as a way to say thank you. The act of giving back becomes a transformational experience for patients, one that fills them with a sense of fulfillment and joy. Why would any healthcare professional deny a patient such a powerful, positive feeling? Remind physicians that you don’t want them to think about the financial ability of a patient, just their level of gratitude. You need their help to identify patients in their panel that are extraordinary grateful.
Second, you need to utilize a wealth screening service to identify patients that have the indicators of wealth, and possibly, inclination based on their gifts to other organizations. With the changes to HIPAA, you can now know the names of the physician(s) treating a patient. When you receive the list back from the wealth screening company, begin to segment the patient names by their physician. Identify your threshold for major gift capacity. Perhaps it’s $10,000 or maybe $100,000. Identify those patients that meet or exceed your threshold and share the list with your physician partners. Ask them to review your list and identify those patients they believe are extraordinary grateful for their care.

When you can identify patients that are wealthy and are grateful for their care, you will have the opportunity to get more visits, make more asks, close more gifts and raise more money!

*For more information on the Final Rule changes to HIPAA, visit our website at [www.gobelgroup.com](http://www.gobelgroup.com) or contact info@gobelgroup.com to download our white paper.*
Chapter 2

Introduction to the Prospect

In the past, to introduce themselves to patients, development officers would visit the prospect while they were still in the hospital. Or they might try to contact the patient after their discharge through a letter or a phone call. From our research, development officers were successful less than ten percent of the time with any of these methods.

However, today you can increase your conversion of getting appointments to forty percent or higher by partnering with your physician champions to introduce you to their patients. There are four ways a physician can introduce you to their patient. They can have a face-to-face conversation with the patient; they can call the patient; they can email the patient; or they can send the patient a letter.

While having a face-to-face or phone conversation brings the highest conversion to getting the appointment, most physicians are not comfortable with these methods. They generally, especially when they are just beginning their work with you, prefer to send an email or letter. A sample letter is included in the Appendix of this book.

Executed correctly, this letter or email can increase your chances of getting an appointment with that patient who is wealthy and grateful to forty percent or higher.
Chapter 3

Setting the Appointment

You have identified a prospect to call, sent them an introduction letter from your physician partner, and perhaps you’ve collected some background information. You’re ready to make the call.

Goal
The goal for this Key Step is to either set the appointment, or to make an ask for an annual gift in the event that you are unable to set an appointment.

Pre-Call Checklist
Before you make the call, make sure you can answer the following questions:

- Have you reviewed all the notes and background material about this prospect in the files and database?
- Has this individual or couple given before?
- Have you collected some preliminary research on the prospect, perhaps something your research office has collected or just a quick search on the Internet?
- Do you have a preference for the date, time, and location of the appointment?
- Do you plan to go by yourself or will others be joining you?

The Conversation
During your call, you will want to introduce yourself, ask a few questions, and try to schedule the visit.

Here is a suggested script:

- May I speak to (name of prospect)?
- Good morning/afternoon (name of prospect), my name is (your name). I work in the Office of Development at the (name of your organization).
Dr. (person who sent the letter), recently sent you a letter asking if you would take a few minutes to share your experiences with me.

Would you be available next week for about 30 minutes to meet with me? (The prospect may ask you what the purpose of the meeting is, in which case you can describe the visit by referencing some of the questions below.)

- If the prospect agrees to a visit, thank him or her and schedule the visit. Don’t try to have a long conversation with the prospect; you will only be using up material that you need for the first visit.

- If the prospect does not agree to a visit, ask if there is a better time.
  - If yes, schedule the visit.
  - If no, ask the prospect if he or she would be available to answer a few questions right now.
    - If yes, ask the questions below.
    - If no, ask if you could call back at a better time.
      - If yes, schedule the phone call.
      - If no, thank them for their time and end the call.

**Questions to Ask on the Phone:**

- Why did you choose the ____________ as your healthcare provider?

- Did you have a good experience on your last visit?
  - If yes, was there somebody who made a positive impact on your experience?
  - If no, what could we have done to make your experience with us better?

- Thank you for sharing this information.

- Periodically, we will send information to current and former patients on new and innovative research. Is there a particular medical area(s) that you would be interested in receiving more information about?
▪ Thank you. I will collect that information and send it to you.

▪ We have just started a new program that recognizes individuals at the medical center who are making a difference every day to help patients. The program asks patients if they would like to make a gift to the hospital in honor of that person and recognize that individual for his or her great work.

▪ Earlier, you mentioned (name of person); would you like to make a gift of ____ in their honor or someone else today?

  ▪ If yes, thank and process gift.
  
  ▪ If no, thank them the prospect for his or her time and remove the name from your prospect list.
Chapter 4

Qualifying the Prospect

You’ve identified the prospect, you’ve collected some research, and you’ve made the call. You’re ready to make your qualification visit.

Goal

Your goals for the qualification visit are:

- To present yourself as a professional whom the individual or couple can trust and work with;
- To build rapport and credibility with the prospect;
- To ask a series of questions that will allow you assess the individual for interest and capacity; and
- To either align the prospect for a next visit or ask for an annual gift.

Pre-Visit Checklist

Think about how many phone calls you had to make to get this one appointment. You probably called 20 or more different people, were able to talk to fourteen of them, and secured maybe seven or eight appointments. Do any of us need to be reminded how hard it is to get appointments with new prospects?

But before you make this visit, you need to prepare yourself to maximize your chance for success. To put yourself in the best position for success, you should answer the following questions before the visit:

- Have you confirmed your appointment: date, time, location?
- Do you have directions to the location?
- How much time do you have with the individual: 30 minutes, 60 minutes?
- Are you going by yourself or are others joining you? If others will be there, does each person understand their role?
- Have you collected some preliminary research on the prospect, perhaps something your research office has collected or just a quick search on the Internet?

- Who is going to be there: the prospect, spouse, children, etc.?

- What resources do you need to bring to the meeting and what are you leaving behind?

- Have you reviewed all the notes and background material about this prospect in the files and database?

- Has this individual or couple given before? Do you know how the institution has benefited or used their gift?

- What is your agenda for the meeting? What questions must you get answered to successfully qualify the prospect?

Doing your homework can make the difference between a successful meeting or not.

**The Conversation**

The first thing you need to accomplish in the meeting is to present yourself as a professional and begin to build rapport. Remember, when you first meet prospects, they are asking themselves - who are you, what do you want, and why did you choose them. You need to answer these introductory questions to demonstrate your professionalism and begin to build rapport.

Before you answer these introductory questions, begin the meeting with some preliminary pleasantries. Try not to spend more than five minutes on this part; you’re going to need all of the time to meet your other objectives.

Try to find something in the prospect’s home, office or other locale where you are that looks interesting to you or that you may have some knowledge of.

I remember a visit with a new prospect. As he welcomed me into his home, we walked through his dining room on the way to his study. In the dining room were lots of interesting pieces of art and sculpture. As we walked, I deliberately stopped and asked where the art was from. We had a nice conversation about Asian art and I learned about his interest in China and international travel.

After the preliminary pleasantries, you need to answer the introductory questions. Who are you; what is your role; why are you there?
When people ask me about what I do at the hospital, I will say “I work in the Office of Development, and along with a team of people including our medical staff, I help the medical center move forward by getting to know our patients better, by sharing information with patients on what we do and how we do it, by strengthening their satisfaction through better experiences, and by connecting a patient’s interests to the priorities of the medical center.”

The prospect will respond in one of two ways: Either by saying, “Okay, sounds like an interesting job. How can I help?” or “Are you a fundraiser?”

If the individual makes the first response, you’re ready to move on to your key questions (see below). If the person asks if I am a fundraiser, I say “The main part of my job is getting to know patients and engaging them more in the medical center. If they express an interest in making a gift, I can help with that too.” And then I move on to the questions, starting with “Mr. Smith, would it be okay if I asked you some questions about your recent experience?” This is your opportunity to transition to the key questions, but you want to attempt to structure the conversation.

I say, “Mr. Smith, what would be helpful to me is if I could ask you a few questions about your recent experience at the medical center, and then perhaps along the way, get to know you a little better as well.”

Mr. Smith will say, “Okay, what would you like to know?” I then begin with my key questions.

The information you want to collect can be segmented into two parts: medical experience and background/history.

The order in which you ask these key questions does not matter as long as you get the information. I find the easiest transition is to start with the person’s experience, since that’s how I’ve structured the visit.

Under medical experience, I want to ask the following key questions:

- Why did you choose (name of your institution)?
- Was there anyone who did something special for you during your visit?
- Do you need to come back for regular visits?
- What areas are of interest to you? Why are these important to you?
From this experience information you should be able to make an early decision on the person’s interest in supporting your institution.

Under background/history, I want to ask the following key questions:

- Does the prospect’s family use the medical center for their care and have they had positive experiences? (This is where you can collect information about a spouse, children, parents, etc.).

- Where does the prospect work? What does he or she do and how?

- What interests does the individual or couple have? How do they spend their free time? How are they involved in their community? Are they leaders in these groups?

- Where did the prospect go to school?

From this background information you should be able to make an early decision on the prospect’s capacity to give a major gift.

**Moving Forward**

At the end of the visit, you need to either align the prospect for a next visit or ask the prospect for an annual gift.

You first need to make a decision on interest and capacity.

- If the prospect has both, align him/her to the next step. I might say something like:

  “Mr. Smith, thank you for spending time with me today and sharing your experiences. If it’s okay with you, I’d like to share this information with (name of person they identified as someone who was helpful to the prospect) to let them know they’re doing a great job.” I know (name of people they identified) will be so honored that you have thought of him. Earlier you mentioned an interest in (name of areas they mentioned). How about if I put together some information on what we’re doing in that area and visit you again in a few weeks?”

  If the prospect declines your request for a second meeting, you’ve got to ask yourself if this individual is really going to be a donor down the road. I would
suggest no and recommend immediately asking for an annual gift (see below).

- If the prospect makes the gift, use it as the beginning of your relationship. Identify ways to steward the gift to further develop your relationship with the prospect and his or her interests and prepare a major gift solicitation strategy for the future.

- If the prospect does not agree to make a gift, reassign to annual fund and remove from your prospect list.

- If they don’t have both interest and capacity, ask the prospect for an annual gift.

- Share with the prospect that your organization has started a new program to recognize individuals, like (names he or she mentioned as proving exceptional service) who are making a difference every day to help patients. The program asks patients if they would like to make a gift to the hospital in honor of that person and recognize that person for the great work they are doing.

- Would the prospect be interested in making a gift of _____ in (name of person mentioned above) or someone else?

  - If yes, thank and process gift.

  - If no, thank the prospect for his or her time, finish the meeting and remove from your prospect list when you return to the office.
Chapter 5

Cultivating to Identify Area of Interest

When you have reached this stage of the relationship with your prospect, you have successfully qualified him or her for interest and capacity, and perhaps even closed an annual gift. You’re now ready to move forward with your second visit.

Goal
The goals for this visit are:

- To take the information the prospect has already shared with you in the qualification visit to ask additional questions to further define their interests;
- To use the information the prospect has shared with you to begin to make connections back to your medical center’s priorities; and
- Align prospect for a next visit or ask for an annual gift.

Pre-Visit Checklist
Before you show up for this visit, you should complete the following pre-visit checklist.

- Have you confirmed your appointment: date, time, location?
- Do you have directions to the location?
- How much time do you have with the individual: 30 minutes, 60 minutes?
- Are you going by yourself, or are others joining you. If others will be there, does everyone understand their role?
- Who is going to be there: the prospect, spouse, children, etc.?
- What resources do you need to bring to the meeting; what are you leaving behind?
- What is your agenda for the meeting?
The Conversation

After your preliminary pleasantries, you should transition the discussion to learning more about the prospect’s area of interest. From the first meeting (qualification) you should have identified some broad areas of interest and collected the necessary information before this visit so you can have a follow up conversation.

For example, after a successful qualification visit, I met with a prospect for this second visit. In the first meeting, he told me that Dr. Smith was his cardiologist and that he placed two stents in a recent procedure, but he was still worried about having a heart attack in the future. In this second visit, I shared some new information from a study we had just completed that showed how stents had reduced the risk of heart attacks and that Dr. Smith was continuing this research in a follow up study. I asked the prospect if this was something he’d like to stay informed about, perhaps involved in. He said yes. (I knew this information about Dr. Smith in the first visit, but I did not share it at that point because I did not want to lose the opportunity for this second visit.)

Moving Forward

Now you’ve had a great conversation with your prospect and you’ve narrowed down the area of interest. You’ve begun to plant some seeds about connections between the prospect’s interests and the medical center’s priorities. Everything is going well. Now what?

You can go one of two ways.

- You can ask for a next visit. Often, this next visit will include another person, typically a physician leader, who can help you articulate the case for support and elevate the conversation. Before your next visit, you want to think about who is the best person to help you articulate the case for support; who are the decision makers in the family; can you get them to this next visit; should this next visit occur at the prospect’s location or yours. If the prospect agrees to the visit, code the prospect in your database to make sure he or she is getting invited to the right events, is receiving the correct publications, and is being considered for the appropriate volunteer committees.

- Or you can ask the prospect for a leadership annual gift. I know what you’re thinking. You have a good prospect that you’ve built rapport with; the prospect is rated at a major gift capacity level; and the prospect is interested in your institution. Why would we ask this individual for an annual gift instead of waiting a little longer and asking for a major gift? Many times, you will get to the end of this visit and not know whether the prospect is going to be a good donor,
and you may not be sure of the next step. In these cases, we encourage our development officers to ask for a leadership annual gift ($1,000 level). Refer to the “Qualifying the Prospect” chapter for suggested scripts and talking points for the annual fund solicitation.

- If the prospect says yes, use this gift as the beginning of your relationship, do a great job on stewardship and prepare the prospect for the bigger ask. The annual gift doesn’t have to slow down your major gift solicitation.

- If the prospect says no to this ask, reassign to the annual fund. The likelihood that the prospect would have given a major gift a few months later is very low; at least you know and can spend your time more strategically in the future. If, down the road, the individual responds to a direct mail campaign, bring this individual back into your list.
Chapter 6

Cultivating to Articulate the Case for Support

Goal
The goals for this Key Step are to connect the prospect’s interests to your institutional priorities and articulate the case for support.

Pre-Visit Checklist
Before you show up for this visit, you should complete the following pre-visit checklist.

- Have you confirmed your appointment: date, time, location?
- Do you have directions to the location?
- How much time do you have with the individual: 30 minutes, 60 minutes?
- Are you going by yourself, or are others joining you. If others will be there, does everyone understand their role?
- Who will be there: the prospect, spouse, children, etc.?
- What resources do you need to bring to the meeting; what are you leaving behind?
- What is your agenda for the meeting?

The Conversation
If you have made it to this Key Step with a prospect, you are ready to elevate the conversation and begin to make your case for support. Ideally, you and your colleague’s presentation will not be viewed as a pitch for a gift but a substantive conversation about the opportunity to have an impact on the future. We find it most helpful to bring a physician, or sometimes a volunteer, for this visit.

You should begin by summarizing what the prospect has shared with you to date. This will reassure your prospect that you have been listening to his or her interests and will give you the opportunity to bring your colleague into the conversation to begin the presentation of information.
Jim, thank you again for your continued interest in St. James Unity and for taking the time to meet with Dr. Jones and me. As I mentioned on the phone, Dr. Jones is the chairman of our Heart and Vascular Institute.

Dr. Jones, Jim was a patient of Dr. Smith a few months ago and has expressed an interest in Dr. Smith’s work on reducing the risk of heart attacks in patients with pre-existing conditions. Would you mind sharing some details of his work?

After your prospect has had the opportunity to ask questions and engage in your plan for the future, you are ready to move forward.

Moving Forward
At this point in the meeting, you need to make a decision: is the prospect ready for a soft ask or is more cultivation needed?

- If you believe the prospect is ready for the soft ask, you might say something like, “Jim, thank you for sharing with Dr. Jones and me your interest in Dr. Smith’s work. May I share our conversation today with Dr. Smith, and would you be open to beginning a conversation with us about making a gift in his honor and to support his work?”

- If your prospect accepts your invitation to begin the conversation, suggest that you go back to your institution, work with Dr. Smith to prepare a proposal and agree on a time for your next meeting.

- If your prospect doesn’t accept your invitation, you are likely to hear one of two objections:
  - “I’m not interested.” This is probably the objection you are least likely to hear. First, even if the prospect feels this way, he or she is unlikely to share this with you in front of your colleague. Second, you probably would have determined a lack of interest by this point in your conversations. But if this is the response, you need to decide if there is still a chance to develop the prospect’s interest. If so, you need to decide what that next step is and align the prospect with it before you leave. If you think there is no chance to develop the interest, ask for an annual gift and move on.
  - “I don’t have a lot of money to make a large gift,” or “This is not the best time for me.”
The first question I always ask when I hear this objection is, “If this were a good time or if you had the ability to make a large gift, would this project be something you would consider supporting?”

If you hear no, you have to decide if an opportunity exists to develop the prospect’s interest around another project. If so, you need to decide what the next step is and align the prospect with it before you leave. If you think there is no chance to develop an interest, ask for an annual gift and move on.

If you hear yes, which is what you’re likely to hear, that is good news. Your next question should be, “What is holding you back from making a gift now?” You’re likely to hear, “I’ve lost a lot of money in the stock market,” or “I have to take care of my children or grandchildren’s education,” or something else. If you hear this, your response should be, “Since this is a project that you are interested in, if I could show you a way to make a gift to honor Dr. Smith and support the project while at the same time taking care of your children, would you be open to considering a proposal?” If you get another no, ask for an annual gift and move on. If the response is positive, express your thanks, restate your intention to meet with Dr. Smith to develop a proposal and agree on a date for a next visit.

Even when the signals are positive at this point, we generally do not try to officially ask or close the gift right now. We just want the prospect to be ready for the next visit when we will ask officially for his or her support.
Chapter 7

Making the Ask

Goal
The goal for this Key Visit is to make the ask. If you have appropriately engaged the prospect up to this point, the question is not whether a gift will be forthcoming but how much that gift will be.

Pre-Visit Checklist

- Have you confirmed the appointment: date, time, location?
- Do you have directions to the location?
- How much time do you have with the individual: 30 minutes, 60 minutes?
- Who will be present? Who needs to be there: the prospect, spouse, children, financial planner, etc.?
- What resources do you need to bring to the meeting; what are you leaving behind?
- What are asking for? Is it cash or an endowment?
- How much you are asking for?
- What recognition you will provide the donor for the gift? Are you willing to compromise on the recognition if the donor offers a lower gift?
- Assuming you close the gift on this visit, you will want to discuss gift acknowledgement and recognition. What questions do you need to ask concerning the stewardship of the gift?

The Conversation
I like to begin this conversation by reaffirming what we have learned about the prospect and his or her interests through the previous visits and thank the prospect for considering a gift.

Jim, thank you for your continued support of (name of medical center) and for your interest in beginning a discussion with us about making a gift.
In our previous meetings, you have shared with us your gratitude towards Dr. Smith for his care of you and your family. And you’ve shared with us your interest in his research on heart failure.

We would be honored if you would consider a gift of $100,000 to not only honor Dr. Smith but also to support his research to bring a new heart transplant recovery system into clinical trials. (This is where you would more fully explain the project).

Is this something you’d like to help Dr. Smith and us accomplish?

And now you wait. Let the donor respond at this point.

Because you’ve set up this meeting with a previous soft ask, your prospect may be surprised at the amount of the ask, but the ask itself should not be a surprise.

You are likely to hear one of three things at this moment, in this order:

- “This sounds interesting; let me talk to my family and get back to you.”

If you hear this, you will need one more meeting with the prospect to close the gift. Refer to the next chapter for information on that visit.

- “That sounds great; let’s do it.”

If you hear this, congratulations; you’re about to close a major gift.

- “I’d really like to help, but I don’t have a lot of money these days,” or “This is not the best time for me.”

If you hear either of these, you have some work to do. The first question I always ask when I hear this is, “If this were a good time or if you had the ability to make a large gift, would this project be something you would consider supporting?”

The prospect nearly always says yes. Again, because you’ve soft asked in the last meeting, the prospect should be aligned with the project. The question is how large the gift will be.

Your next question should be, “What is holding you back from making a gift now?” You’re likely to hear, “I’ve lost a lot of money in the stock market,” or “I have to take care of my children or grandchildren’s education,” or something else. If you hear this, your response should be, “Since this is a project that you are interested in, if I could
show you a way to make a gift to honor Dr. Smith and support the project while at the same time not preventing you from accomplishing your other goals, would you be open to considering a proposal?"

If you get a no, ask for an annual gift and move on.

If the answer is yes, you’re one step closer to closing the gift. Remember, unless your prospects are sophisticated donors, they probably assume you’re asking them for an outright cash gift.

The first thing you want to explore with the prospect is their ability to make this gift over a period of time, perhaps spreading the payments equally or graduated over five years or more.

If the prospect still can’t afford to put this amount of cash into the gift, you may want to explore moving part of the gift into a bequest or other estate vehicle, depending on the prospect’s age. Additionally, perhaps an annuity or trust would be attractive. If you think this is a likely outcome of your conversation, you might want to consider bringing an expert from your gift planning office with you.

If it looks like the prospect is not going to make a major gift this time, you have three options:

- Ask for a leadership-level unrestricted outright gift or multi-year pledge. Your institution can always use unrestricted money, and ideally, you can ask for the major gift again in the future while keeping the annual gift ongoing.

- Ask for a leadership-level restricted outright or multi-year pledge. For example, if you asked for a major gift, say $100,000, to the endowment, you might consider asking for a $5,000 gift this year, which is likely what the endowment payout would have been. Use the stewardship of this gift over the next year or two to set up your next ask of $100,000 for the endowment.

- You can defer any ask and wait for a better time to renew the discussion.

My preference is the first option, if I haven’t already asked for an annual unrestricted gift. If I have, then I prefer option two.
Chapter 8

Closing the Gift

There's a significant difference between “soliciting” and “closing.” In asking someone for a gift. We’re giving them the opportunity to join in the common mission of making our organization, and thus the community, better. When we close, we're finalizing the prospective donors concluding decision as to whether they're going to support the chosen project, piece of equipment, or other need. If we don't ever “close,” we end up with quite a few solicitations but not a lot of actual revenue coming into our organization. There are times in which that decision is “no.” However, that's a better answer than not having any answer at all. Even if the answer is “no,” it allows us the opportunity to move forward with the next action with another prospective donor.

Goal
The goals for this visit include:

- Working out the details of the gift: how much, for what purpose, terms of payment; and

- Working out the details for stewardship: general information, acknowledgement, recognition, etc.

Pre-Visit Checklist
You’re almost there. Before the visit, you want to answer the following questions:

- Have you confirmed the appointment: date, time, location?

- Do you have directions to the location?

- How much time do you have with the individual: 30 minutes, 60 minutes?

- Will this gift be complicated? Do you need others, perhaps with gift planning expertise, to join you?

- Who is going to be there? Who needs to be there: the prospect, spouse, children, financial planner, etc.?

- What resources do you need to bring to the meeting; what are you leaving behind?
Assuming you close the gift on this visit, you will want to discuss acknowledgement and recognition. What questions do you need to ask concerning stewardship of the gift?

There are some good closing clues prospective donors demonstrate, both verbally and nonverbally, to know when a potential donor has made a decision. Verbal cues include asking questions that are very detailed questions about results, asking about recognition, or asking about the requirements that go along with making a gift. Nonverbal cues can include facial expression changes, a prospect possibly nodding in agreement, individuals leaning toward you, or they begin to examine the product literature very intently. Recognition of these “clues” is important because they allow a gift officer to know when the proper time is to use a closing technique/strategy.

According to Gene Bedell’s book “3 Steps to Yes: The Gentle Art of Getting Your Way” there are three specific reasons that donors have high anxieties or reluctance to make a final decision. If you can overcome these three, you can get someone to the essence of making a decision.

- The first is **loss of options**. As long as there are more conversation about what's possible, the donor has the ability to have more options. They feel less “boxed in.” This is psychological in nature because people with options always feel better than if they're closed in on one particular solution. If a gift officer can help a prospective donor feel as if this gift is the best option to meet the donor’s needs, then you can overcome this issue.
- The second anxiety is the **fear of making a mistake**. Humans, by nature, are afraid that once a decision is reached, that they've made the wrong choice. If you can help them see the value of the gift and its impact, then it makes them feel great about the decision and you help them overcome this fear.
- The final anxiety is **social or peer pressure**. This relates directly to thought of what others might think. Is this good enough or will this be excepted when in public domain? If a gift officer can show that this will be seen as a very positive thing when the community knows it will greatly enhance this anxiety. This is especially so with lead or large gifts in a campaign. Being able to show (not explain) the importance that this gift will have on others is a tremendous way to move hesitant prospective donors from “maybe” to “yes.”
There are some great techniques that gift officers can use to get prospective donors to make a final decision. The use of each depends on the timing and the needs of the individual prospective donor.

**Trial Close**
This is similar to the soft ask. It sets up the donor to make that final “leap” into a decision. Some common language might include the following:

- “Can we show what your recognition looks like?”
- “Would you like to start on the first of the month?”
- “Would $5,000 per year be possible?”

The goal is to get the prospective donor to see him/herself as already having made the decision and these are the just the final details.

**Summary Close**
This technique reemphasizes the value added donor benefits in a way that allows the prospective donor to see the “value” rather than the “cost.” One example might sound like the following statement:

- “That’s $5,000 per year, for 5 years, for a total gift of $25,000 to help 500 patients annually with new testing by with the cardio machine. Can I create the formal gift agreement for you?”

It is the value of helping 500 patients that should be the most important part of the statement.

**Assumptive Close**
This technique is a subtle way to ask for a decision, assuming the prospective donor will decide positively. It should come near the end of the conversation or presentation.

- “Because this generous donation can meet your expectations, let’s go ahead and move this forward.”

The hope is to get past any anxieties (if explained appropriately) to reaffirm the prospective donor’s desires.
Special Concession Close
This closing should be used only when the circumstances are appropriate. The idea is that this close will allow the donor “to see a closing door” of an opportunity. Some sample “inducements” might include the following:

- Initial/founding member of a Heritage Club
- Closing the fundraising effort
- Be listed in this year’s gifts
- Move others to action
- “With this gift commitment by the end of the calendar year, we will be able to recognize you as charter member of our Legacy Society.”

This is a great closing technique for lead donors in a campaign. “Your gift will move others to consider their gift to the campaign because of the respect you have garnered for many years. Will you help us with these other donors by making your gift first?”

It is important to note that this should be used with care. A gift officer wants to make sure of the details regarding concession before offering it to a prospective donor.

Balance Sheet Close
This is used to show a prospective donor that the positives of a gift outweigh any concerns. A good way to look at is shown in the diagram below.

While a gift officer might not actually write down the graphic above, when we think of the conversation in this way, it is easier to articulate to the prospective donor.

- “Based on our conversations, while the gift may be the largest you have ever made, the pledge plan works for you, it fits your desire to help cancer patients, and will be recognized by placing your name on the clinic. That sounds like the positives outweigh any concerns...are you ready to move forward?”

It is important to note that a gift officer has to really know the prospective donor and their concerns before using such a technique. A gift officer does not want to have the donor “add” many reasons not to give at the last second, thus changing the decision.
Management Close

With some large prospective donors or potential lead donors in a campaign, the prospective donor may need, or even expect, someone of “authority” to engage them before making a final decision. This might be the CEO of the hospital, their individual physician, the chair of the board, or the President of the Foundation. With any of those individuals, their role is to bring the prospective donor to the final decision by indicating the prospective donor’s importance----by the “authority” figure showing up and articulating this fact.

A important reminder – no matter how many times a gift officer and a “authority” figure have done this routine, it is critical that before the meeting to close, there is a conversation regarding roles, language, and outcomes. It is highly recommended there is a practice session to ensure everyone knows who is going say what, when, and who is ultimately going to ask the prospective donor for a final decision (if necessary).

At the point when the gift agreement is signed, CONGRATULATIONS, you’ve just closed a great gift. This is a time for you and your donor to celebrate. Before you leave the visit, remember to talk about the acknowledgement and recognition of the gift. Refer to the next chapter on Stewardship for the specific questions you will want to answer.

And, oh yeah, time to visit another prospect… only 29 more asks and nine more gifts to close to reach your goal!
Stewardship

We have all heard it – our best prospects are our past donors. Yet stewardship is one of the areas on which most major gift officers spend very little time or effort. Many programs are raising the visibility of stewardship by hiring individuals specifically to manage the design and implementation of programs that demonstrate the impact of an individual’s previous gifts. Even with these stewardship professionals in place, major gift officers still need to understand and participate in the strategy and implementation of these programs.

Below is a list of questions you should answer in designing your stewardship program for every major gift donor.

Gift Information
- How much did the donor give?
- What project is the gift supporting?
- Who is responsible for administering the gift/fund?
- Was the gift made in honor of someone, perhaps a physician?
- Was a volunteer involved?

Acknowledgement
- Did you issue a gift receipt?
- Who needs to send the donor a thank you letter?
  - Development Officer
  - Specific physician or other caregiver
  - Department Chair
  - Chief Executive Officer
  - Board member or chair
  - Other volunteer
- Does the donor need to receive a phone call from anyone mentioned above?

Recognition
- Did you ask whether it was okay to share the news of the gift with others?
- What is the most appropriate vehicle to share the announcement of the gift?
  - Website
  - Print publication
  - Specific event for the donor
  - Announcement at another event
Will you include the donor’s information in an Annual Donor Report, on a Donor Recognition wall, other?
Did you ask the donor how his or her name should appear?
Do you need to provide the donor with a gift, perhaps a plaque, framed article, something else?

Next Steps
- Does the gift or involvement qualify the donor for a volunteer role?
- Does the gift qualify the donor for an award?
- Should you invite the donor to lunch or dinner with the CEO?
- Do you need to provide the donor with a written report? When? Six months, one year?
Sample Toolkit
Physician Referral Letter

Date

Mr. Peter Patient
123 Main Street
Town, USA 12345

Dear [Mr. Patient]:

It has been a privilege caring for you recently and I truly appreciate the trust you have placed in me and [name of hospital].

My colleagues in the Department/Division of [Department or Division Name] spend a great deal of time not only caring for patients but identifying more effective treatments through innovative research programs.

My team works closely with [name of development officer], who is a part of our team that meets with patients and friends to inform them about the work we do. [Name of DO] also serves as a knowledgeable advocate of our work, and strives to match my patient’s interests with the work within my program. For those patients and families interested in providing support, [name of DO] finds a meaningful way to make philanthropic connections as private support plays an important role in furthering our success.

In the next two weeks, I will ask [name of DO] to contact you. Because your privacy is of the utmost importance to me, if you prefer not to be contacted, please let me know by [date two weeks from date of letter] by contacting my office at 000-111-2222 or by emailing us at abc@hospital.org.

It is a privilege to be a part of your team of healthcare providers. As always, please feel free to contact me with any questions or concerns.

Sincerely,

[Physician name, M.D.]
Sample Toolkit

Physician Champion App

Sample App Link: http://myphilapp.com/ybvpky

iPhone: Type in or click app link, once open in browser, click: Then click “add to home screen”:

Blackberry: simply add the app link as a “Bookmark” in your browser.

Android: bookmark the app link, and then create a “bookmark widget” for the app link bookmarked.
Sample Toolkit

Physician Case Statement

At the Heart of Richmond
General Hospital is the premier heart institute in the region, ranked #1 in Richmond, VA by US News & World Report for more than 14 years. Our alliance with the Miller Family Heart & Vascular Institute at Cleveland Clinic, named the #1 heart center in the country by US News, is helping us take the region’s best care to the next level of excellence.

Dr. Smith leads a team of heart surgeons who are motivated by the hope for a tomorrow where surgery is less invasive, medical technology provides more effective solutions and heart care patients live longer, fuller lives. That’s why the General Hospital team stays on the leading edge of advances in heart surgery such as:

- Left ventricular assist devices (LVADs) as bridge to transplant or long-term therapy in patients with advanced congestive heart disease.
- Transcatheter aortic valve replacement (TAVR), a technique to replace a faulty heart valve through a catheter for patients too sick to undergo a conventional open surgery.
- “Beating heart” surgery that eliminates the need for cardiopulmonary bypass and eliminates complications.

Be Part of Our Mission
To ensure that our patients continue to benefit from the latest treatments and technology, General Hospital is planning to build a heart hospital of the future. With your gift, you can be a part of our mission of bringing patients the best cardiac care in the region.

To learn about opportunities to support General Hospital, ask Dr. Smith or contact Robert Powell in the Philanthropy Office at Robert.Powell@generalhospital.net.

Quick Facts: General Hospital
- Performs more than 1,500 heart and valve surgeries annually with survival rates that exceed national benchmarks.
- Staffs Richmond’s only on-site, 34-bed cardiac care unit.
- Participates in national studies focused on improving treatment, imaging and prevention for heart disease.

A Legacy of Excellence

John R. Smith, MD
Director, Cardiac Surgery
General Hospital

“I was fortunate to have the very talented Dr. Dave Smith perform my surgery. I couldn’t have done it without him. They are a very good team, led by a great surgeon and a very caring doctor. I would not have survived this without them. General Hospital not only because of what they did for me, but because it’s a vital safety net for our city and region.”

- Raymond Terry
- CEO, Tidewater Inc.
- Trustee, General Hospital Foundation

A Legacy of Excellence
Background
About the Gobel Group

The Experts in Physician Engagement

The Gobel Group is a leading healthcare advancement consulting firm that specializes in building partnerships between medical staff and development offices to create robust grateful patient fundraising programs that drive more and larger major gifts. Gobel Group works with more than 40 hospitals across the country.

Based on years of best practice research and activities, the Gobel Group works with each client to reach the following metrics:

- Every major gift officer partners with 10 physician champions.
- Every physician champion refers 50 grateful patients a year.
- Every major gift officer makes 12-15 in-person visits per month, 30 solicitations per year and closes 10 or more major gifts per year.

Utilizing our proven system, we help clients “initiate” their program by enhancing their business processes, especially with database functionality. We then help clients “activate” their program by identifying, recruiting and training physician champions. We’ve even developed a customized smartphone app to make it easy and efficient for medical staff to identify and refer patient names. We “accelerate” your program by training gift officers how to work with physicians and get more visits, make more asks and close more gifts. Finally, we “integrate” your program to help you build a culture of philanthropy throughout your medical center.

So what makes us different from other consulting firms or training companies? First, our focus on healthcare. We’re not trying to be all things to all non-profits. Second, we bring not only decades of experience but research and insight from the best practices around the country. And third, we don’t deliver a plan or special event, we deliver results by focusing with you on implementation.

The results for our clients are a stronger infrastructure, more engaged clinicians, a robust pipeline of qualified prospects, a highly productive staff who close more and larger gifts, more engaged volunteers and senior leaders, and most importantly, more philanthropic revenue for your organization.