

Donor Visit Plan

Pre-visit work

- Board member & Staff meet to work up donor visit outline for the visit. This details:
 - what we know about the person
 - who is saying what in the visit
 - what\how much are we asking for
- Board Member – Arrange a visit. A phone script will be provided.

At the visit:

- Board Member - Do **introduction** of Executive Director.
- Board Member – Share **the reason** why you are involved.
 - How and why did you get involved? Speak from the heart
- Executive Director - Build relationship with donor and get them talking about the organization and issues
 - Can I ask what you know about THE ORGANIZATION – I'd hate to waste your time?
 - Why are you interested in hunger relief?
- Present **why our cause matters** to the donor
 - Mission, history
 - What is the problem our community are facing?
 - Share how our organization is solving that problem
- **Ask for support**
 - Ask for a specific amount.
 - Ask and stop talking.
 - Wait for the response
- If the response is not “yes!”
 - Ask open ended questions – Get to the point of why they cannot give
 - Address questions or concerns
 - Offer other opportunities – volunteering and advocacy
- If the response is “YES!”
 - Secure a pledge and have donor fill out pledge card...or
 - Set specific follow up date
- Both - Wrap up the visit
 - Ask the donor for a check today
 - Ask the donor for leads and get leads information
 - Confirm all follow up steps and dates with donor
 - Thank the donor
- Both - Thank the donor
 - Send thank you card within 24 hours from Executive Director and Board Member
 - Send thank you letter when the money comes in

Donor Visit Outline

Date of Visit: _____ Time of Visit: _____

Staff\Representative: _____

Person to be Visited: _____

Phone: _____ Email: _____

Meeting Place: _____ Address: _____

Goals of Meeting:

Why they like us:	
Why they should say yes:	
What are we asking for:	

Plan for meeting:

	Who is talking about what?
The Intro	
The Reason	
The Why	
The Ask	
Results of Interaction	

General Summary: _____

Follow-up Actions:

What to do	When	Date completed

Next Contact Dates: _____

Sent Meeting Thank You

Meeting Comments Entered into Database: _____

ABC ORG

CONTRIBUTOR INFORMATION

First Name: _____ MI: _____ Last Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Work Phone: (____) _____
E-mail Address: _____
Name as it is to appear in acknowledgement material: _____
 I would prefer that this contribution and/or my name be kept confidential.

DONATION INFORMATION

A ONE-TIME DONATION, IN THE AMOUNT OF:

\$1,200 \$850 \$700 \$300 \$100 Other: \$ _____

A REPEATING DONATION, AS FOLLOWS:

A sum of \$ _____ Once Every Month Quarter Year, Amounting to a Total of \$ _____

Signature: _____

METHOD OF PAYMENT

Check enclosed. Please make checks payable to **ABC ORG**

Please bill my credit card: Card type: Visa MasterCard

Name as appears on card: _____

Account number: _____

Expiration Date: _____ Verification code (on back) _____

Contact me

NOTES

Contributions to the Boone County Council on Aging are deemed charitable under section 501(a) of the internal revenue code as an organization described in Section 501(c)(3). U.S. Federal Tax ID 43-1111167. Please consult your accountant for any clarifications. Payments must be postmarked before the end of the year to be eligible for a tax deduction in that year. For more information please visit www.BooneAging.org.com, call 573.443.111, or write to jessica.macy@BooneAging.org

Please forward completed form and payment to:

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