Improving Donor Engagement
and Retention in
Healthcare Philanthropy

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Executive Summary

Joe DiMaggio Children's Hospital Foundation (JDCHF) is the fundraising entity of Joe DiMaggio Children's Hospital, a 226-bed children's hospital located in Hollywood, Florida. The foundation's Annual Giving program is a broad-based fundraising effort that attracts donors of all types. This capstone project sought to understand how the foundation can enhance its Annual Giving program and sustain its long-term viability. I used two theoretical frameworks to shape this study: charitable giving theory and Burnett's (1993) theory on relationship fundraising. Using the blend of charitable giving theory and relationship management theory, I constructed the methodology of this project to explore the importance of each element of donor acquisition and donor retention. Three project questions guided the inquiry:

1. What do donors identify as their motivations for giving to the JDCHF Annual Fund?

2. What strategies can JDCHF take to retain existing Annual Fund donors based on their motivations for giving?

3. What channels can JDCHF use to expand its donor base considering donor motivations and demographics?

Using a sequential explanatory mixed methods approach, I developed a survey that JDCHF sent out to their donors, followed by semi-structured qualitative interviews for select donors of the foundation. The intent of this research was to identify the primary motivations of donors to children's hospitals as well as what drives them to continue with their charitable giving. By conducting donor surveys and interviews, three concrete findings emerged: (1) JDCHF donors have a wide range in their motivations for charitable giving. (2) Storytelling has a profound effect on making JDCHF donors feel their charitable giving directly impacts the

children and families served by the foundation. (3) JDCHF donors differ in how they wish to be contacted and what types of solicitations they respond to by age group.

Based on the findings, I made three recommendations to JDCHF. First, JDCHF should segment its donor base to better target the motivations and generational differences of its donors. Second, to increase recurring donations, JDCHF should continue to incorporate reporting and storytelling into all communications. Finally, JDCHF should expand donor solicitation and communication channels to additional platforms to broaden its donor base.

The aim of this quality improvement project was to produce recommendations for increasing donor engagement and donor retention specifically for JDCHF's Annual Giving program. However, the broader benefit of the project findings may provide insight into the motivations and behaviors of individual donors which could maximize efforts for other healthcare and hospital nonprofit organizations.

Keywords: foundation, nonprofit, children's hospital, Annual Giving

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Researcher Adam Hayes (2020) defines philanthropy as "charitable giving undertaken by an individual or organization to improve human welfare" (p. 1). According to *National Philanthropic Trust* (2019*)*, 65% of Americans donate each year to their favorite charities. In fact, the United States is the world's most charitable nation with Americans donating more than $485 billion to nonprofit organizations last year, according to Giving USA's *Annual Report on Philanthropy* (2022). Americans give their time and money for various reasons and support countless causes including religious, educational, environmental, healthcare, and animal welfare. Due to many factors, however, the landscape of American philanthropy is changing. The largest group of donors, baby boomers, is slowly transferring their wealth to younger generations (Kiger, 2019). Concurrently, the U.S. population continues to become more racially and ethnically diverse (Boland, 2015). Additionally, new technologies continue to emerge expanding avenues for philanthropic solicitations. Nonprofit organizations must adjust to these key changes as they navigate their fundraising efforts now, and in the future (Squillace, 2016).

Many nonprofit organizations, such as healthcare and hospital foundations, are experiencing these philanthropy changes through fluctuations in charitable contributions. Some of these fluctuations have been noted in their foundations' annual giving programs. Annual giving programs are used by many healthcare foundations to provide patient funding, strengthen donor relationships, and assist with day-to-day operational expenses. In this capstone study, I seek to understand how Joe DiMaggio Children's Hospital Foundation can enhance its annual giving program and sustain its long-term viability. The purpose of this capstone project is to shed light on the motivations and philanthropic behaviors of individual donors to healthcare foundations supporting children's hospitals within the Southeastern region of the United States.

Joe DiMaggio Children's Hospital Foundation (JDCHF) is a nonprofit foundation providing financial support to Joe DiMaggio Children's Hospital. JDCHF attracts donors of all ages, races, and ethnicities. Therefore, understanding JDCHF's donor population may benefit other foundations supporting pediatric healthcare.

This project's focus is to produce findings that will inform JDCHF's leadership of long-term financial sustainability strategies. As younger generations demonstrate different preferences from those of their parents, and as more diverse audiences fail to respond to appeals designed for the homogeneous populations of the past, nonprofit organizations must adjust their efforts. Researching the relationships between donor motivation, age, race, and ethnicity in charitable giving may help Joe DiMaggio Children's Hospital Foundation and key stakeholders better understand their donors and lead to improved organizational efficiencies and effectiveness in fundraising appeals of all types. The information from this study will help JDCHF evaluate opportunities to refine their fundraising appeals by segmenting targeted donor audiences, providing more personalized communication, and developing more relevant solicitation strategies now and in the future. Optimizing resources is important to all organizations, and it is especially critical to nonprofits such as JDCHF.

Organizational Context

No child will ever be turned away because of inability to pay. - Baseball Great, Joe DiMaggio

Joe DiMaggio Children's Hospital Foundation (JDCHF) is the fundraising entity of Joe DiMaggio Children's Hospital, a 226-bed children's hospital located in Hollywood, Florida. The foundation was established in 1994 to support the hospital's mission of providing quality pediatric healthcare for the South Florida community regardless of one's ability to pay (Joe DiMaggio Children's Hospital Foundation, 2021). Thirty-five prominent community leaders with diverse backgrounds in medicine, business, and law, sit on the foundation's Board of Directors to oversee all aspects of JDCHF's operations. The Conine Clubhouse is a 23-room facility made available to families whose children are in the hospital. The foundation underwrites the total costs of the Conine Clubhouse so that no family is ever charged to stay there. The foundation also provides educational programs and staff positions in the children's hospital and directs support to patients and families requiring emergency financial assistance. Additionally, JDCHF provides funding for capital construction, hospital equipment and medical research. The foundation's primary purpose is to raise funds and provide charitable support to Joe DiMaggio

Children's Hospital and the families of the South Florida community it serves. Through these many services, JDCHF is an extremely valuable nonprofit organization that benefits thousands of patients and families each year.

Joe DiMaggio Children's Hospital treats nearly 700 cancer patients annually, performs cardiac and kidney transplantation, as well as complex neurosurgery, and has one of the largest pediatric orthopedic programs in the Southeastern United States (Joe DiMaggio Children's Hospital, 2021). The 84-bed neonatal intensive care unit supports the 13,000 babies born each year in Memorial Healthcare System's adult hospitals and serves as a regional resource for many of the most critically ill newborns in Southeast Florida (Joe DiMaggio Children's Hospital, 2021). In addition to the main hospital in Hollywood, the children's hospital operates outpatient clinics, rehabilitation facilities, and physician practices in Broward, Miami-Dade, and Palm Beach counties, serving a combined population of more than 5,000,000 people (Joe DiMaggio Children's Hospital, 2021). The growth of the hospital's geographic service area and broadening of health care programs has increased the need for support from JDCHF. For example, the addition of the pediatric heart transplant program is expanding the service area for patients who now come from across the Southeastern United States and Latin America to receive this life-saving surgery (Joe DiMaggio Children's Hospital, 2021). There are only two hospitals in the state of Florida currently performing pediatric heart transplantation. The families of these patients are more likely to need the types of services provided by the foundation such as financial assistance and the need to reside at the Conine Clubhouse (Joe DiMaggio Children's Hospital Foundation, 2021).

Joe DiMaggio Children's Hospital is part of Memorial Healthcare System, a public, non-profit healthcare system that has served as the safety-net[1] healthcare provider in south Broward County for 68 years (Memorial Healthcare System, 2021). Approximately 57% of the hospital's pediatric patients are considered low-income (Joe DiMaggio Children's Hospital, 2021). This high percentage of low-income children creates a significant need for the services provided by JDCHF, especially those that provide direct support to families. These services include providing financial assistance to low-income families for their mortgage payments, rent payments, utility bills, and sometimes even funeral expenses (J. Johnstone, personal communication, 2021). Foundation funding to realize Joe DiMaggio Children's Hospital mission comes through various means, including individual donations, corporate sponsorships, special events, estate gifts, and grants. With 10 employees and more than 200 volunteers, the foundation raised more than $18 million last year to fund hundreds of procedures and cover related costs for low-income children and their families.

The Annual Giving program is the foundation's broad-based fundraising effort that attracts donors of different ages, races, and economic levels. The objectives of this year-round effort are to form stronger donor relationships, raise funds for the greatest needs of the children's hospital and its patients, and to assist with the foundation's operational expenses (J. Johnstone, personal communication, 2021). Unlike grants or major gifts which are typically intended for specific purposes, Annual Fund donations generally provide unrestricted funds. These funds are critical to the financial well-being of the nonprofit allowing the organization to budget for day-to-day expenses. Like most nonprofit organizations, Annual Giving at JDCHF encompasses the largest

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[1] Safety-net provider means "regardless of ability to pay for services" (Memorial Healthcare System, 2021).

number of donations at 80%, but because most of the donations are small, they account for less than 20% of total dollars raised. Traditionally, the foundation's Annual Giving appeals are done through direct mail campaigns, radio, or television appeals, and decreasingly through telephone solicitations. JDCHF also uses email, social media, retail incentives, and its website for its solicitations. The Annual Giving target lists are comprised of patient families, past donors, and potential donor lists from other similar nonprofit organizations. The foundation is registered to solicit donations in all 50 U.S. states and receives contributions from residents across the country through the Annual Fund. JDCHF utilizes storytelling in its appeals by highlighting pediatric patients and their families who have directly benefited from services provided by the foundation. Family members or sometimes the patients themselves provide photographs and personal testimonials about the care they received at the hospital as well as the help provided by the foundation.

Although the Annual Fund program continues to adjust, the rapidly changing landscape of U.S. philanthropy makes it hard to keep up. New technology, constantly evolving media and social media, broadening racial and ethnic diversity, and widening generational disparities are all adding to the complexity (Fundraising Effectiveness Report, 2021). JDCHF recognizes the significant impact of these challenges on future donations and realizes the importance of engaging all races, ethnicities, and generations in its fundraising efforts. Although percentages are not recorded, the JDCHF team is confident that the largest portion of its donations come from white, non-Hispanic donors. This is true even though this group no longer represents the majority of South Florida's population. This capstone study will focus specifically on the JDCHF Annual Giving program's ability to respond successfully to these challenges in order to support the growing needs of the hospital and its pediatric patients. The Annual Fund currently accounts for

approximately $1 million of the organization's revenue each year and donations must increase as the hospital expands and South Florida's population grows larger and more diverse. The significance of the findings of this capstone project will help guide sustainable business practices for JDCHF and further support pediatric medical access in the South Florida community.

Problem of Practice

The problem of practice for JDCHF concerns the sustainability of a successful Annual Giving program given technology challenges, evolving social media platforms, increasing costs, and broadening donor diversity. Typically, challenges for annual giving directors include diminishing donor loyalty resulting in lower renewal rates, increasing postal costs, telephone caller identification, and the now dramatically different approaches required to engage four or five generations of donors (J. Johnstone, personal communication, 2019). The expenses for annual giving programs can be high, yet annual giving remains the largest source of unrestricted gifts and the most effective way to recruit new donors who move on to make larger annual gifts, major gifts, and planned (estate and trust) donations in the future. This capstone seeks to answer the following research question: How can JDCHF enhance its Annual Giving program and sustain its long-term viability through the retention of existing donors while expanding upon a new donor base?

While other areas of foundation charitable giving have increased by an average of more than 25% over the last 10 years, the amount of donations and number of donors to the JDCHF Annual Fund have each increased by less than 5%. The staff at JDCHF believe the Annual Giving program is experiencing donation fluctuations tied to changing donor demographics. The Annual Fund Director believes that solicitation appeals are not adequately reaching younger generations since she estimates 70% of their funding comes from donors over the age of 50.

Although direct mail contributions account for the largest number of donations, the Director realizes that utilizing new technology and social media platforms may be necessary to increase support from younger donors.

The Annual Giving Program at JDCHF cannot always identify the ages of its donors but staff believes that significant disparities exist in the motivation of donors. Additionally, the staff feels that the age of the donor influences which type of appeal is most likely to be successful (J. Johnstone, personal communication, 2021). For example, Greatest Generation donors and some baby boomers (born 1964 or earlier) respond almost exclusively to the foundation's direct mail and telephone appeals while younger baby boomers and Gen Xers (born 1965-1983) are most likely to respond to its email or Facebook requests. Millennials (born 1984-1995) primarily donate their time rather than money and Generation Z (born 1996-2003) members are still establishing their philanthropy (J. Johnstone, personal communication, 2021). JDCHF recognizes these generational differences and seeks to better understand each generation's giving patterns and motivations as it develops donor relationship-building strategies and solicitation programs. Additionally, the foundation believes that donor segmentation is crucial for long-term Annual Fund success and that utilizing distinct appeals and channels would maximize philanthropy efforts.

Literature Review

Considering JDCHF's problem of practice, I reviewed key scholarship and emerging research on the topic of U.S. philanthropy. This philanthropy research provided definitions and metrics for success in effective fundraising. Being able to define and understand the types of fundraising challenges JDCHF is experiencing is critical to understanding which evidence-based practices the Foundation must adopt to solve its problem of practice. In my literature review, I

also included an evaluation of current giving trends, challenges, and opportunities related to healthcare charitable giving. To determine appropriate strategies, I examined donor giving patterns, as well as fundraising best policies and practices for children's hospitals. Finally, I explored donor motivation as it relates to charitable giving with a focus on retaining current donors and acquiring new ones.

Philanthropy and Rapidly Changing Healthcare Systems

Philanthropy, often referred to as "the love of mankind," is an important source of charitable funding for many hospitals. It is utilized by many hospitals and healthcare systems to increase their revenue streams and provide medical care to low-income patients (Dinerstein, 2017; Hospital and Health Networks, 2012). In 2017, more than $9.7 billion in charity healthcare was provided to uninsured patients by U.S. hospitals (Bai, Yehia, & Anderson, 2020). Last year U.S. hospitals received $5.2. billion in charitable gifts from donors to further their mission of providing quality community healthcare (Bai, Yehia, & Anderson, 2020). According to the American Hospital Association (2021), progressive healthcare organizations rely on philanthropy to "secure sustainability, enable excellence, and achieve market objectives" (p. 2). Acting as the philanthropic arm of healthcare systems, hospital foundations function as a bridge between the hospital systems and the communities they serve (Dillingham, 2018).

Healthcare foundations exist to provide financial support to hospitals by providing necessary resources for patient and family care (Peterman, 2013; Totten, 2021). Funds raised by hospital foundations positively influence the quality of hospital healthcare services provided through research, state of the art equipment, and the funding of medical positions. Typically, most hospital foundations are engaged in a variety of fundraising programs including annual fund programs, corporate giving, grant requests, major giving, and estate/planned-giving (Totten,

2021). Hospital foundations utilize many channels to reach their donors including personal solicitations, direct mail, email, and special events (Association of Healthcare Philanthropy, 2020). The goal of a healthcare foundation is to create a powerful partnership between the organization and its donors, ultimately benefiting the patients, the hospital, and the community with access to affordable, quality medical care.

Amid the global COVID-19 pandemic, the landscape of hospital philanthropy is rapidly changing, and healthcare foundations must adapt to these shifts. The costs of treating patients with COVID-19 while also providing vaccinations put an unprecedented financial strain on many hospitals and their foundations (Irish, 2020). In addition to providing new ventilators and other hospital equipment for patients, hospital foundations often provided food, lodging, and childcare to front-line healthcare workers at no cost (Bullington, 2020). With many people experiencing reduced work hours or unemployment, some healthcare foundations experienced a reduction in overall donations making it harder to meet their financial needs and the patients they assist (Irish, 2020). The current role of hospital foundations is more critical than ever to ensure sustainability of the hospitals they support.

Charitable Giving Trends, Challenges, and Opportunities

It is estimated that more than $30 trillion in wealth is expected to pass from baby boomers to younger generations over the next 20-30 years (Beckman, 2020). Although baby boomers currently donate the most of any generation at 43%, Generations X, Y and Z, are expected to increase their charitable giving over the next decades (Te, 2020). The pandemic has seemingly spurred additional giving by the younger demographic aged 18-49 (Bentz et al, 2021). Ninety-one percent of this age group reported the pandemic increased their charitable giving during the

previous year (Bentz et al, 2021). Engaging these younger generations now as they develop their charitable giving habits is crucial to the long-term success of many nonprofits.

In charitable giving patterns, researchers sought to understand how age, education, religion, and solicitation type correlated with donation amount. The first claim from the literature suggests a strong positive relationship between age and education when compared to donation amount (Bekkers & Wiepking, 2011). Conversely, the second claim from the literature asserts that race, age, education, and length of time in the United States are not significant predictors of giving amount but rather household income and the connection the donor has to the organization drives giving behaviors (Rovner, 2015). The third claim in the literature contends that many factors influence charitable giving including the following: type of solicitation, mode of communication, and donor characteristics such as age, sex, ethnicity, personal income, and attitude toward charitable organizations (Farrokhvar, Ansari, & Kamali, 2018). Religious organizations, children's charities, and health charities comprise a significant proportion of total charitable giving across all races and ethnicities (Rovner, 2015). Roughly 75% of U.S. donors today are non-Hispanic Caucasian donors although they make up only 64% of the population (Rovner, 2015). Research indicates that both Hispanic and African American individuals are under-represented in the donor sphere while Asian donors appear consistent with the overall Asian population size (Rovner, 2015). This disparity may indicate that charitable organizations are not effectively engaging non-Caucasian communities (Stiffman, 2021). To engage donors of all types, nonprofit organizations may need to adjust their message, language, and fundraising channels to achieve a more inclusive approach (Rovner, 2015).

In reaching their donors, evolving technology platforms provide both benefits and challenges to nonprofit healthcare organizations. Allowing donors to give online or via text

provides immediate resources making charitable giving especially attractive to younger donors (Labetti & Wagner, 2021). By contrast, technology advances may require additional foundation staff and levels of expertise to manage many digital platforms simultaneously. There is even discussion that the proliferation of giving channels is overwhelming donors with "choice anxiety" causing them to do nothing when faced with too many options (Rovner, 2018, p. 10). Now and in the future, hospital foundations must ensure they are appropriately reaching all generations, races, and ethnicities of donors in their solicitation approaches to garner the support their charities require.

Annual Giving

The annual giving program is an integral part of most hospitals' fundraising campaigns. An annual fund seeks to attract new donors to the organization while retaining current ones who provide reliable support from renewable donations (Totten, 2021). Foundations strive to maintain these annual giving donor relationships thus providing a steady source of revenue for the organization (Totten, 2021). Annual giving solicitations are often the first exposure a donor has to the organization and frequently serve as a first step in bringing a donor into the organization. Positive donor experiences and relationships may lead to larger, major gifts or estate gifts. Usually made by individuals or corporations, major gifts permit the foundation to fund large projects such as a hospital expansion, medical equipment acquisition, or the development of a new education program (Thomas, 2020). Planned giving allows donors to make charitable gifts using assets other than cash with the most common types being through a life insurance policy, bequest, or assets from a retirement plan (Stiffman, 2020). A strong annual giving program is crucial to the long-term fundraising success of a hospital foundation because donors may make

larger gifts or incorporate estate planning into their future contributions. Therefore, donor acquisition and donor retention are a major focus of annual giving programs.

Donors by Age

Older Generation and Baby Boomers

In their annual fund solicitations, hospital foundations realize that a one-size-fits-all approach is no longer effective in reaching donors of all ages. Baby boomers and older generations (born 1964 or earlier) raised in a postwar society, set the standard for charitable giving by direct mail and phone calls (Raymond, 2014). Through the accumulation of assets and often reduced family financial obligations, this age group tends to have more disposable income available for philanthropy. Additionally, the older generation and baby boomers remain the most populous group with more than 74,000,000 living members (U.S. Census Bureau, 2016). This cohort prioritizes providing financial contributions for nonprofits that align with their deeply held beliefs (Raymond, 2014). Food banks, churches, veteran groups, and healthcare organizations are the focus of their philanthropic efforts (Rovner, 2018). Seventy-five percent of baby boomers responding to a 2018 Edge survey indicate that their top reason for giving is to make a financial difference in the charities they support (Rovner, 2018).

Generation X

Emerging research indicates there is a divide in how Generation X perceives philanthropy (McQueen et al, 2020). Older Generation Xers, (born 1965-1973), often known as "latch key kids," consider themselves "fiercely independent" (RKD, 2021, p. 7). This group craves a sense of belonging and tends to support causes in their local community (RKD, 2021). Their top reason for making charitable contributions is to make a financial difference in the charities they support (McQueen et al, 2020). Preferred giving channels for older Gen Xers include direct mail,

nonprofits' websites, and social media. (RKD, 2021). Churches, healthcare organizations, and food banks are older Gen Xers favorite nonprofit organizations (McQueen et al, 2020). By contrast, younger Generation Xers (born 1974-1983) with an "analog childhood and digital adolescence," have a unique view of the world and are most likely to tolerate different cultures and beliefs (RKD, 2021, p. 8). Younger Gen Xers' top charities include churches, food banks, environmental causes, and animal welfare groups (McQueen et al, 2020). The preferred giving channels for younger Gen Xers include social media, online donations, and nonprofit websites (RKD, 2021). Aligning more closely with millennials in their giving patterns, younger Gen Xers' top reasons for donating are to increase an organization's clout and reach (Rovner, 2018).

Millennials

Growing up in a world shaped by Facebook, Instagram and Twitter, millennials (born 1984-1995) believe in harnessing the power of the digital community in trying to make the world a better place (Makarov, 2019). This group tends to support human services, food banks, parks, and relief efforts in their charitable giving (Makarov, 2019). During the pandemic, millennials emerged as the caretakers of charitable organizations since they were more likely to contribute to sustain a nonprofit through COVID-19 (Edge, 2021). Donations from this generation continue to rise with millennials giving larger average donations to social giving events and campaigns as compared to all other age groups (Edge, 2021). Their preferred giving channels are events, social media, and online giving (RKD, 2021). These social influencers, like younger Gen Xers, indicate their top reasons for giving include increasing an organization's clout and reach (Rovner, 2018).

Generation Z

Generation Zers (born 1996-2003) also grew up in a world shaped by social media. When it comes to nonprofit organizations, this generation wants full transparency in "how the cause, the

action, and the result all come together and when it will happen" (Witt, 2019, p.3). Emerging

literature shows that Gen Zers seek to create change so nonprofits should prepare for these

donors who wish to make a donation and create change as they support their preferred causes

(Johnston, 2018). This generation is still establishing their giving practices and their favorite

nonprofits are human rights, children's charities, health, and animal rescue organizations

(Rovner, 2018). Gen Zers primarily support nonprofits through volunteering and attendance at

special events (Toporoff, 2018). It may be years before Generation Z is a major player in the

philanthropic world, but when their charitable donations begin, they will likely reflect their

"distinctive racial and ethnic diversity, their status as digital natives, and their social

cohesiveness" (Mittman, 2019, p. 6). As nonprofits develop their fundraising strategies,

understanding generational differences and similarities in preferred causes, giving patterns, and

channels is key to reaching their donors while optimizing resources.

Best Policies and Practices in Fundraising for Children's Hospitals

In appealing to all generations, there are several strategies that children's hospitals utilize

when developing their annual fundraising goals. Adhering to established policies and practices

ensure an organization's greatest chance of achieving those fundraising goals. With the various

challenges hospital foundations experience, best policies and practices should address a case for

support, effective programs for contributions, donor recognition, and a well-managed database.

Initially, the foundation staff, hospital administration, and Board of Directors should collaborate

to set fund development priorities which should flow from the hospital's strategic planning

(Moran, 2015). Typically, foundation staff make a case for support to show how annual giving

programs make a difference in "healing or saving lives" and why this funding is critical to

hospital revenues (Moran, 2015, p. 2). The case should address both "vision and need" with

Board members and volunteers aligning on the purpose of fundraising efforts (AHP, 2021, p. 7). Solicitation of physicians and hospital employees is key because it helps create awareness of the hospital foundation's charitable mission in addition to providing supplemental philanthropy funding (Moran, 2015). This giving is often done through employee payroll deductions or solicitation at foundation events. An annual calendar that coordinates all hospital foundation philanthropy is utilized to ensure awareness and coordination of fundraising efforts (AHP, 2021). Donor solicitation mailings are often segmented according to donor interest and giving preferences (Moran, 2015). Additionally, a foundation website which provides information on how donations are used is available with opportunities for donors to donate online. A strong donor recognition and acknowledgment program is vital in hospital fundraising to thank donors for their contributions (Moran, 2015). Many hospitals use personalized letters, telephone calls, plaques, and listings in written publications to accomplish this important objective (AHP, 2021). Lastly, skilled data management personnel are a crucial component of hospital fundraising (Moran, 2015). The ability to segment mailing lists and avoid duplicate donor solicitations are important components of effective hospital fund development programs. The use of these best practices by children's hospital foundations serves as a strong foundation for an effective and efficient annual giving program.

Donor Motivations

The studies I reviewed for this capstone study are based on the theory that understanding donor motivations may assist hospital foundations in increasing charitable giving to their organization while also enabling staff to cultivate and manage relationships leading to donor retention. Motivation can be described as the "force that initiates, guides and maintains goal-oriented behaviors" (Cherry, 2021, p. 2). Cognitive theories of psychology, such as motivation,

focus on internal states and seek to understand mental processes including how the brain processes information (Cherry, 2021). In understanding motivation theory as it relates to donors, it is important to note that action is only one component. Equally important are the components of persistence and intensity which may affect the frequency and repetitiveness of donor giving behaviors. According to a 2016 biennial study from the Indiana University Lilly Family School of Philanthropy, donors' primary motivations for charitable giving include the following: Believing in the organization's mission (54%), feeling their gift makes a difference (44%), and personal satisfaction from giving (39%). Showing annual support of the same causes (36%), giving back to the community (27%), and religious beliefs are identified as additional motivations for donor giving (Indiana University, 2016).

This literature review revealed both differences and similarities in donor giving patterns and donor giving preferences. Based on these findings it appears that hospital and healthcare foundations must tailor and segment their giving programs using various forms of technology and communication channels in order to engage and build relationships with donors of all types. The review of appropriate literature on healthcare philanthropy and donor motivation facilitated the development of the conceptual framework for this capstone study.

Conceptual Framework

With the emphasis on increasing contributions to the JDCHF Annual Fund through individual donations, my research focused on donor motivation, donor retention, and relationship fundraising. Building on my literature review, I turned to the following theories to identify contributing factors to increasing donor motivation resulting in philanthropic action: *Charitable Giving Theory* where donors are influenced by a sense of altruism, and Burnett's (1993) theory on *Relationship Fundraising*.

Charitable giving theory stems from moral foundations theory which suggests that intuitions about what is morally right or wrong are tied to a series of universal foundations (Nilsson, Erlandsson, & Vastfjall, 2020). My focus for this capstone project will be on charitable giving theory as a component of individual moral foundations theory which involves "fairness and caring for others" in the sense that an individual's focus is directed from their own self-interests to the needs and concerns of other individuals or groups (Haidt, 2008, p. 67; Haidt & Joseph, 2004, p. 368). Previous research indicates that donors often select charities they find "personally appealing, congruent with their interests, and close to their heart" (Breeze, 2013, p. 166). Utilizing the framework of charitable giving theory will assist me in understanding how donors choose from the myriad of options in selecting nonprofit organizations to support.

Relationship fundraising originates from the work of Burnett (1993) which expounds on the notion that building stronger relationships may influence donor charitable giving and lead to donor retention within a nonprofit organization. As viewed through the lens of relationship management, Kelly (2001) identified relationship management, or stewardship, as a key component to retention of donors and argued "the best prospects are previous donors" (p. 283). Increasing donations and retaining donors allows a charitable organization to build a stable source of financial support for the mission of the organization.

Using the blend of charitable giving theory and relationship management theory as shown below in **Figure 1***: Conceptual Framework*, I constructed the methodology of this project to explore the importance of each element to donor acquisition and donor retention. Through this project, I sought to understand what actions JDCHF could take to increase donor acquisition and donor retention with its Annual Fund by effectively reaching all racial, ethnic, and generational groups to maximize income streams and ensure long term sustainability.

Figure 1

Conceptual Framework
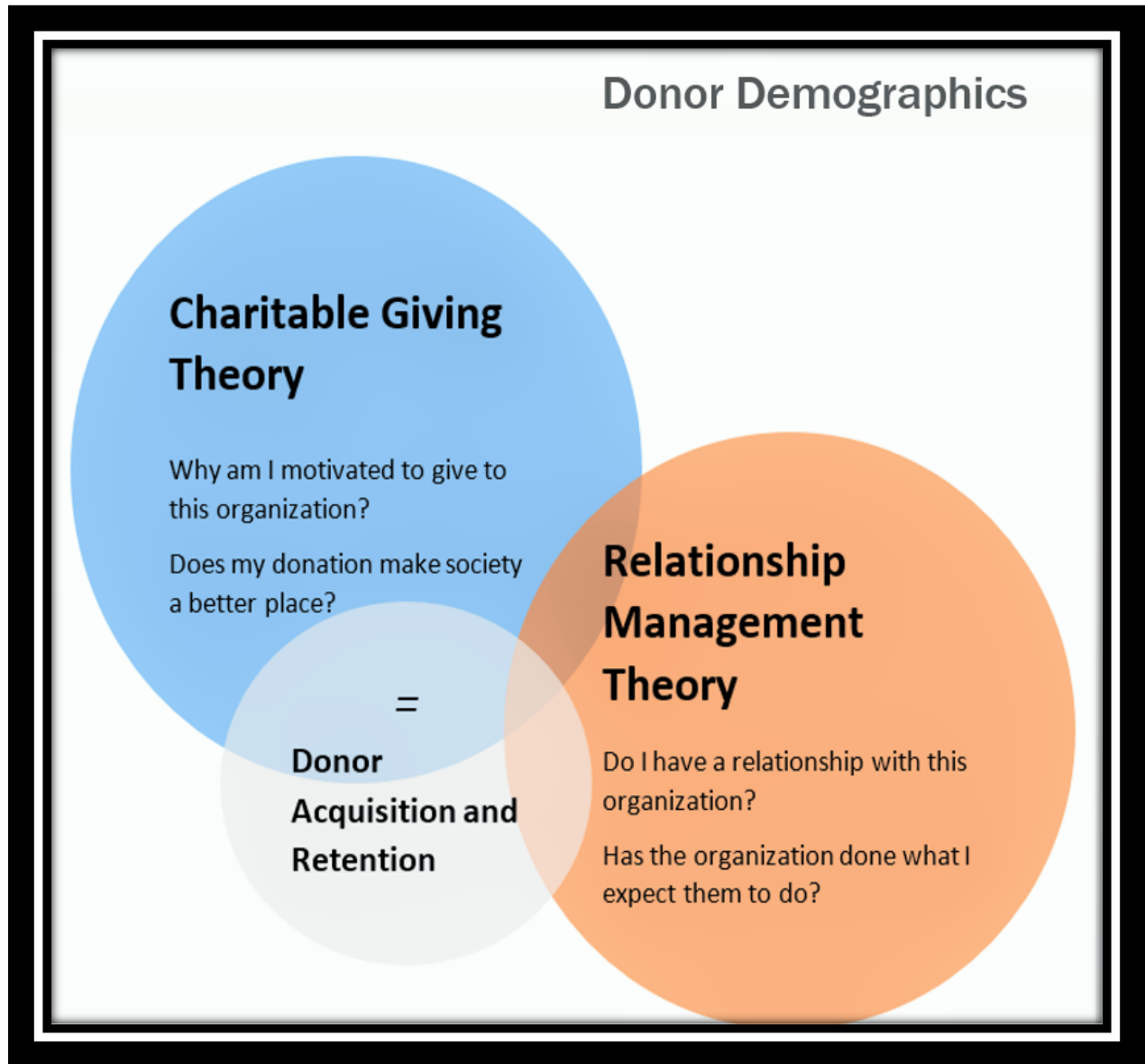
Project Questions:

My problem of practice, literature review, and conceptual framework led me to examine the following research questions:

- What do donors identify as their motivations for giving to the JDCHF Annual Fund?

- What strategies can JDCHF take to retain existing Annual Fund donors based on their motivations for giving?

- Based on donor motivations and demographics, what channels can JDCHF use to expand its donor base?

Study Design

To examine my project questions, I used a sequential explanatory mixed methods approach (Cresswell, 2018, see **Figure 2**). In the first phase, I developed a quantitative survey for distribution to JDCHF donors to better understand donor motivations and donor demographics. My analysis of results from Phase 1 survey questions helped to identify donor motivations in giving to the JDCHF Annual Fund as well as strategies and channels that would best reach current and potential donors. My survey analytics following the first phase informed my protocols for second phase semi-structured donor interviews. In the second phase, the qualitative data I collected through donor interviews helped expound and build upon the quantitative results. The donor questions for both the quantitative survey and the semi-structured qualitative interviews incorporated concepts I identified in the literature review and my conceptual frameworks. My mixed methods approach will inform JDCHF of donor motivations, demographics, and opportunities to increase Annual Fund charitable giving through the expansion of its donor base. The two phases of the sequential explanatory mixed methods

research design complemented one another in producing research insight and a thorough understanding in answering my project questions (Ivankova et al, 2006).

Figure 2

Study Design
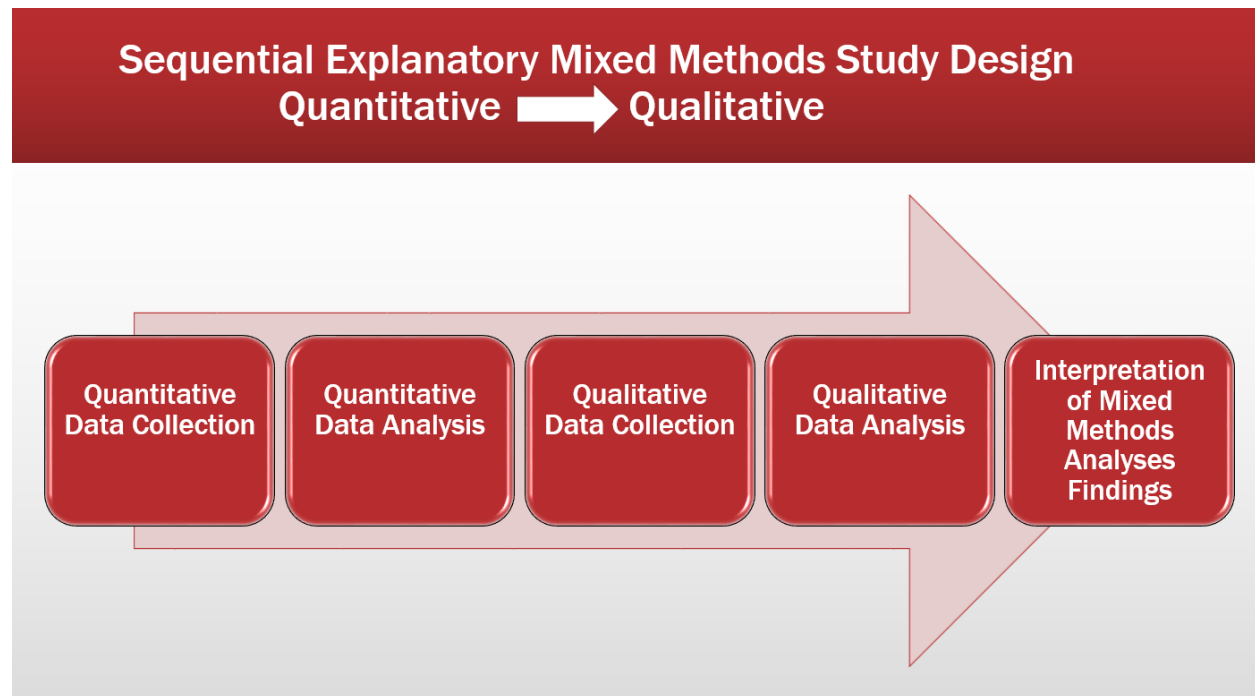
I submitted the proposed sequential explanatory mixed method study to Vanderbilt University's Institutional Review Board (IRB) as a quality improvement project to ensure compliance of human research. IRB granted project approval on September 7, 2021.

Data Collection

Because I sought to understand donor motivations, I recruited my survey and subsequent interview participants from current JDCHF donors. Due to confidentiality reasons, JDCHF could not share its contact list with me; however, the staff agreed to contact its donors on my behalf.

Surveys

To recruit survey participants for this capstone, JDCHF used its database of individual donors from previous fundraising campaigns and special events. The individuals involved in these campaigns included hospital employees, patients, volunteers, donors, and corporate sponsors. South Florida has one of the most diverse populations in the United States and JDCH employees reflect that diversity. Employees are on the Annual Fund donor list, so the foundation knows from Human Resources that diversity is present. By using the JDCHF database, my sample recruited individuals of all ages, ethnicities, and socio-economic levels.

In the winter of 2022, JDCHF generated a database random number selection of its donors. The staff emailed these specific donors and invited them to take the survey using an included link that I provided. **Appendix B**: *Quantitative Survey Format* shows the 13 questions asked, which balanced the project research with JDCHF's own questions about its donor population.

The survey's primary purpose was to provide insight into why individuals chose to make charitable gifts to JDCHF, and what would encourage them to be recurring donors to its Annual Fund. Influenced by the conceptual frameworks of donor motivation, charitable giving theory, and relationship management theory, my survey sought to understand how these theories influenced donor behavior and donor retention.

I developed donor survey drafts from sample questions and previous surveys used by Bloomerang and Neon One Philanthropy Consulting firms. I also adapted some of the questions from prior philanthropy surveys. One study in particular, was from the work of Oreg and Appe (2020), who surveyed the recruitment, motivation, and retention of voluntary non-remunerated human milk donors. Although human milk donations and monetary donations are inherently different, their study questions aligned well with this capstone's research because of the

connection to understanding donor motivations in helping children and families. I adapted their

questions to use as a guide in understanding donor motivations and sentiments across multiple

dimensions (Oreg & Appe, 2020).

I kept the survey as short as possible to maximize participation. Informed by research

showing an inverse response rate to survey length up to 1,000 words (Ziegenfuss et al., 2013),

the final quantitative survey had a total of 783 words, with 176 words in the introductions, a

disclaimer, and 607 words within the actual survey. I conducted the quantitative survey through

Qualtrics XM (www.qualtrics.com).

I designed the survey to provide insight into donor motivations and donor demographics so

that JDCHF could effectively target and reach current and prospective donor populations in its

fundraising appeals (**See Appendix A and B**). JDCHF emailed the initial quantitative survey

link to its current and past donor population (N=2,013) in January 2022. JDCHF emailed follow-

up reminders two weeks later to non-responders. Of these donors, the Annual Giving Director

used email tracking software to ascertain that 638 ultimately opened the email, and 145 clicked

on the link. The quantitative survey ultimately garnered 109 responses. These raw numbers

represent a 31.7% open or engagement rate, and a 17.08% response rate from those who opened

or engaged with the email. The 17.08% (n=109) response rate was the final sample size after

sending two emails: an initial recruitment attempt and a follow-up attempt. The explanatory

mixed methods research approach allowed me to explore my research questions at a high level. I

used a close-ended framework on Question 2 which survey participants responded to using a

Likert scale. My other survey questions contained both open and close-ended questions. The

close-ended questions were enhanced by qualitative open-ended responses that added context to

the quantitative framework. The collected survey data allowed me to identify key donor
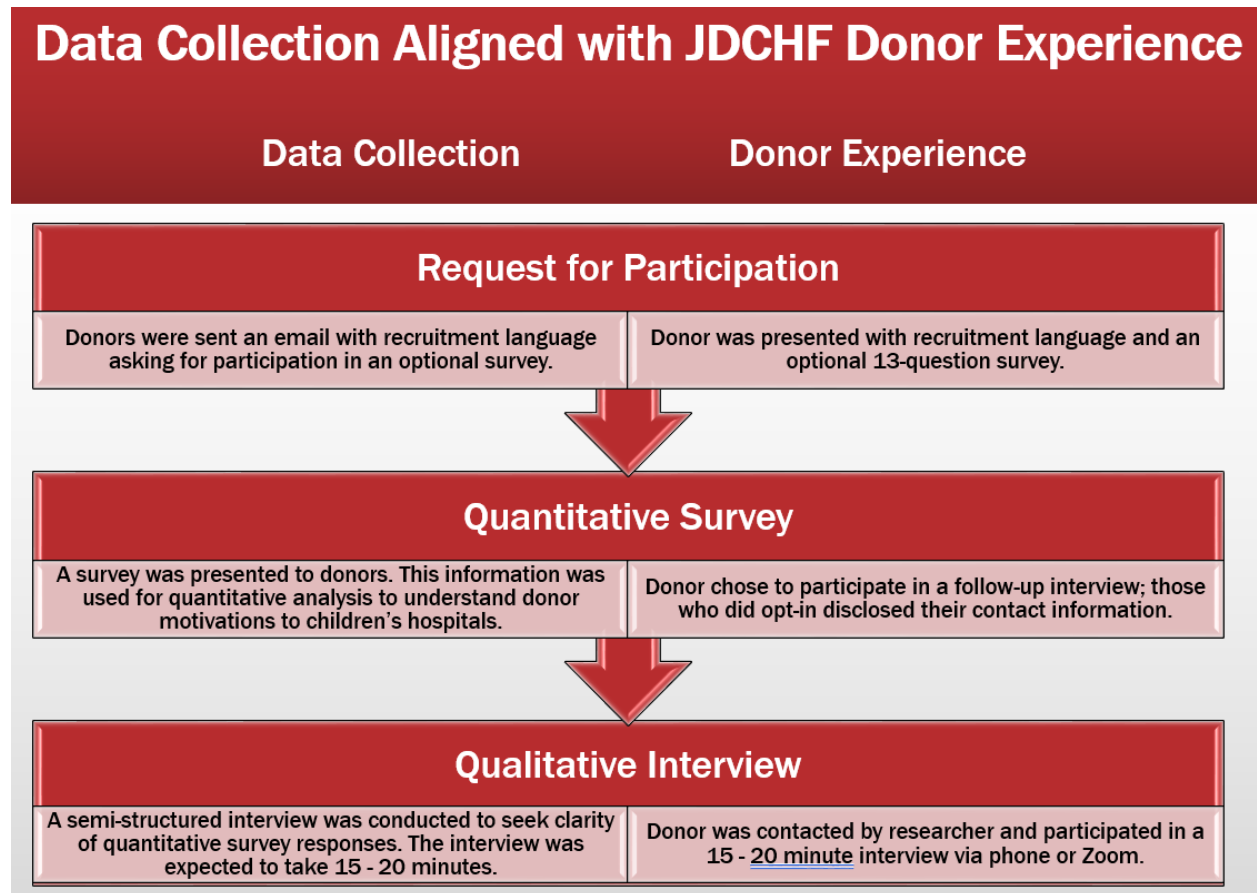
motivations and retention strategies to create questions and prompts for the qualitative semi-structured interviews. The last question of the survey was optional and asked if the respondent would be willing to participate in an interview at a later time. For respondents who did not agree to be interviewed, their responses were completely anonymous and contained no personally identifiable data. The quantitative survey's primary intent was to provide insight into why individuals donate to JDCHF, what would make them continue to donate to the organization, and the best channels to reach them. Rooted in the conceptual frameworks of charitable giving and relationship management, the survey sought to understand how these concepts influence donor behavior and long-term donor retention.

Interviews

After review of the quantitative results, I sought to examine the research questions further in the subsequent semi-structured qualitative interviews to identify themes that fit within the defined conceptual framework. I recruited donors for the semi-structured qualitative interviews by identifying the respondents who replied "yes" to the last survey question and provided their contact information. I did not offer any compensation for qualitative interviews, which may have limited the number of "yes" respondents. The semi-structured interviews which I conducted in the spring of 2022, contained both open-ended as well as close-ended questions. The rationale for this research method was to take what was gleaned from the quantitative survey and solicit additional data to recommend any necessary pivots to JDCHF's current behaviors in donor retention and donor outreach channels. **Figure 3**: *Data Collection Aligned With JDCHF Donor Experience*, provides a visualization of the steps in my research to collect data, along with the donor experiences for each of the stages described above.

Figure 3

Data Collection Aligned With JDCHF Donor Experience

Data Collection Aligned with JDCHF Donor Experience

Data Collection	Donor Experience
Request for Participation	
Donors were sent an email with recruitment language asking for participation in an optional survey.	Donor was presented with recruitment language and an optional 13-question survey.
Quantitative Survey	
A survey was presented to donors. This information was used for quantitative analysis to understand donor motivations to children's hospitals.	Donor chose to participate in a follow-up interview; those who did opt-in disclosed their contact information.
Qualitative Interview	
A semi-structured interview was conducted to seek clarity of quantitative survey responses. The interview was expected to take 15 - 20 minutes.	Donor was contacted by researcher and participated in a 15 - 20 minute interview via phone or Zoom.

       I designed an interview guide (See **Appendix D**: *One-on-One Semi-Structured Interview Talking Points)* as a framework for the conversations. I developed interview questions from the survey findings and samples from Bloomerang and Neon One Philanthropy firms. In **Figure 4**: *Research Questions Connected to Interview Questions* depicts why I included each interview question, specifically in relation to the three primary project questions and the links to the conceptual frameworks of donor motivation, charitable giving theory, and relationship management theory.

Figure 4

Research Question Alignment With Interview Questions and Conceptual Framework

Research Questions	Semi-Structured Qualitative Interview Questions	Conceptual Framework
What do donors identify as their motivation for giving to the JDCHF Annual Fund?	• Can you describe what led you to being a charitable donor? • How does donating make you feel? • How does JDCHF being a children's hospital impact your engagement? • What other nonprofit organizations do you typically support?	Donor Motivation
What strategies can JDCHF take to retain existing Annual Fund donors based on their motivations for giving?	• How personally connected are you to JDCHF? • How would you describe the relationship you have with JDCHF? • How has the global pandemic impacted you as a donor and your donating process? • Do you think recognition for charitable gifts is important? • How likely are you to continue supporting the JDCHF Annual Fund? Why?	Charitable Giving Theory
What channels can JDCHF use to recruit new Annual Fund donors based on their motivations for giving?	• How do you typically make a gift to a nonprofit foundation? What types of solicitations are you most likely to respond to? • How often do you use social media? What are some of your favorite social media platforms? • What are your thoughts about social media engagement with donors? • What generation do you identify with? • What racial or ethnic group do you identify with?	Relationship Fundraising

Of the 109 respondents to the quantitative donor survey, nine agreed to the semi-structured qualitative interview (8.3% volunteer rate). I contacted each donor by their preferred method of communication (seven by phone, two by email). **Appendix E**: *Recruitment Language for Qualitative Interview* shows the recruitment messages. Three respondents were nonresponsive to follow-up emails and phone calls despite initially agreeing to be interviewed. This resulted in a final interview pool of six interviewees, with one female identifying as a Generation Zer, one female identifying as a millennial, one male identifying as a Generation Xer, and three respondents identifying as baby boomers (two female and one male). All participation was voluntary, and donors provided verbal consent prior to recording the interview. I conducted two

interviews via the Zoom video recording platform, and I conducted four interviews by telephone. During the semi-structured interviews, I posed both open-ended and close-ended questions that invited donors to share their motivations for giving to JDCHF and other nonprofit organizations. Additionally, I asked about their channels for making charitable gifts and social media use. I also asked donors which generation and racial/ethnic group they identified with to seek further clarity from survey responses. I conducted six interviews between April and June of 2022 resulting in 3.27 hours of recordings, 23,626 words, and 31 pages of transcripts. I conducted all interviews remotely and transcribed them using Otter.ai. Most interviews lasted between 20-30 minutes (the shortest interview lasting 16 minutes and the longest interview lasting 35 minutes).

Data Storage

Some of the data I collected during the qualitative interviews included medical information on the interviewee or one of their family members, which is considered confidential. As such, only the principal investigator for the research and the staff of JDCHF have access to this information. The data is currently stored on a secure platform via Dropbox's cloud-based computing and data storage service. Both the Zoom video recording links and Otter.ai audio recordings and corresponding transcripts (via transcription services from Otter.ai) are stored securely.

Data Analysis

Survey Respondents Demographics

I used descriptive analysis to understand the donor survey results. My goal was to display the data and identify trends to communicate donor motivations and retention strategies. While responses were collected anonymously, the survey ended with demographic information that I

later used to aggregate responses and identify trends among donors. These demographic questions served to identify survey participants by age group, race/ethnicity, and income bracket. I received 109 survey responses, with the following demographic breakdown as shown in **Figures 5-7:** *Demographic Statistics of Survey Respondents*:
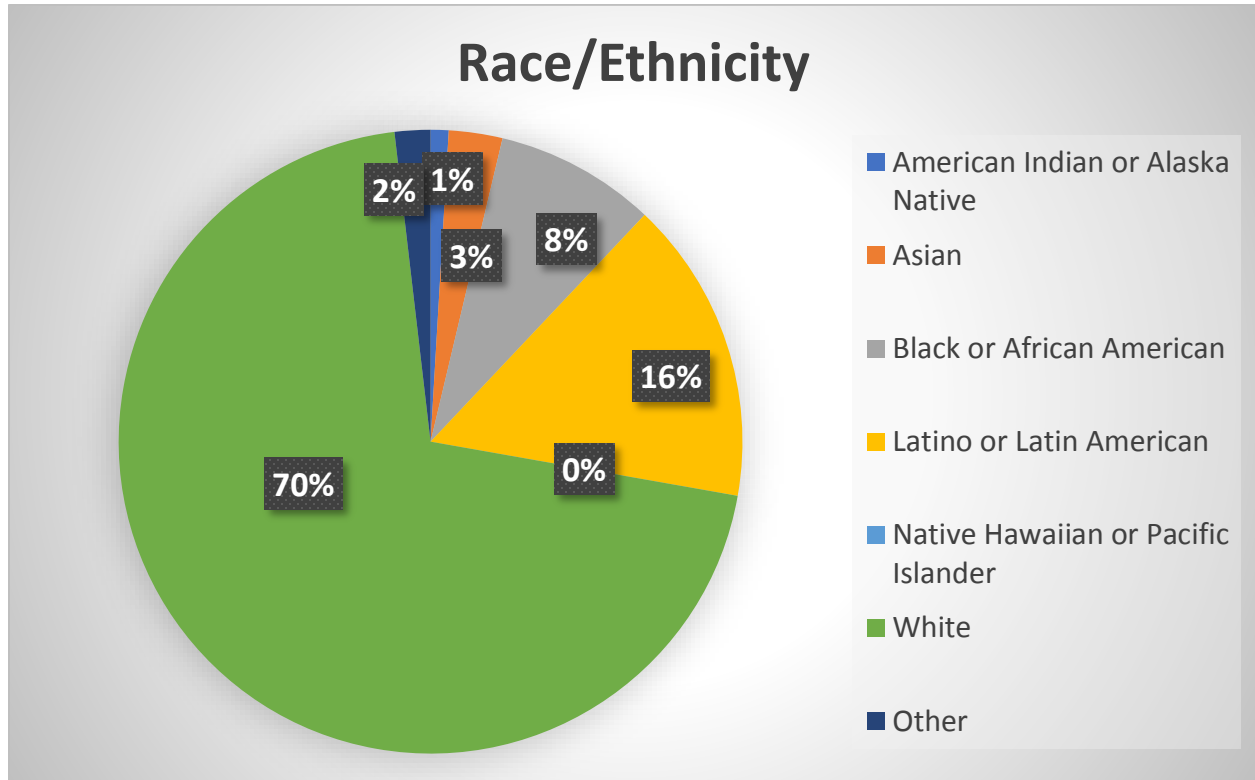
Figure 5

Demographic Statistics of Survey Respondents by Age
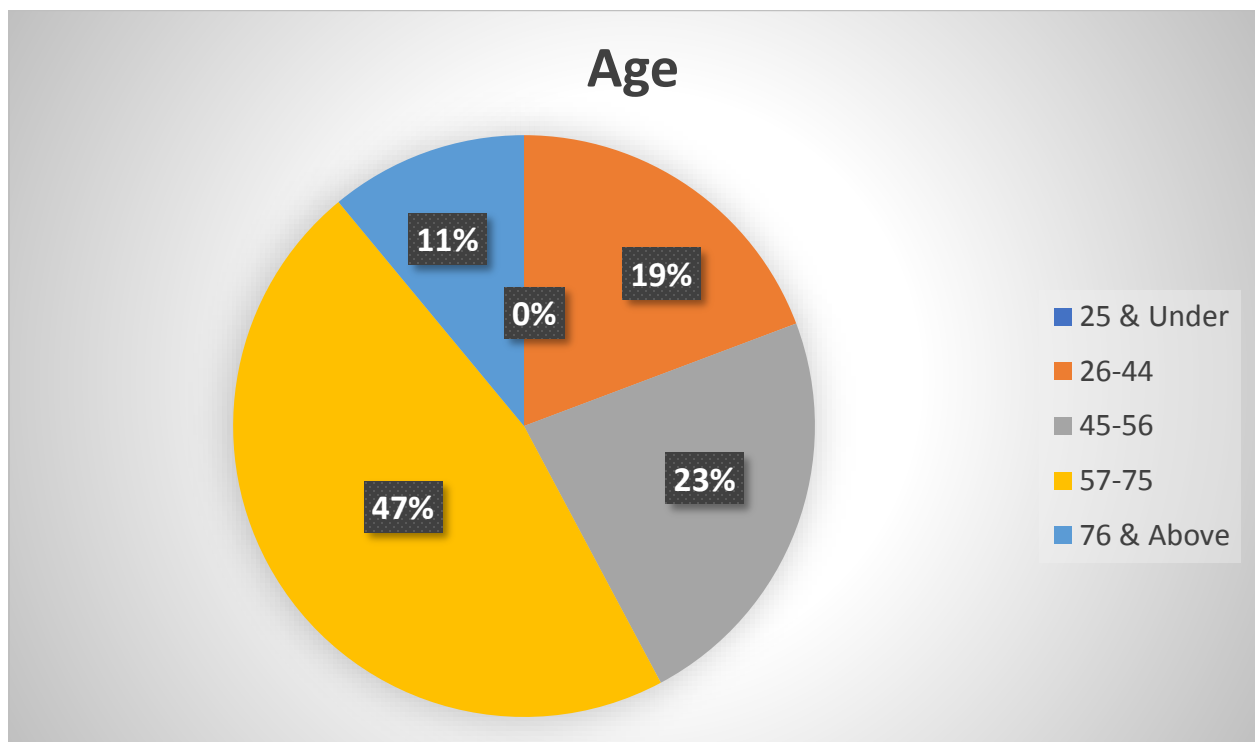
For Age (**s**ee **Figure 5**), there were no respondents in the *Under 25* category, 19.27% in *Age 26-44,* 22.94% in *Age 45-56*, the largest group was 46.79% in *Age 57-75*, and 11.01% in *Age 76 and above.*
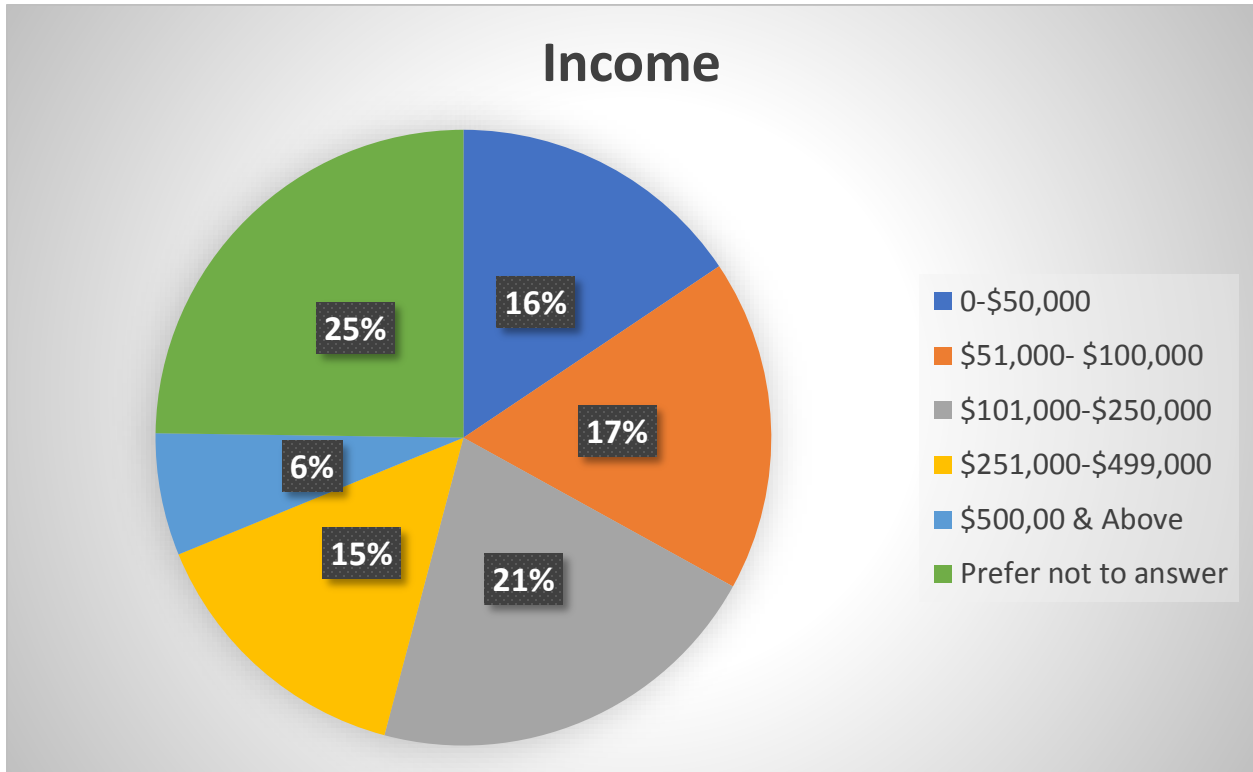
Figure 6

Demographic Statistics of Survey Respondents by Race/Ethnicity

The largest group of respondents (see **Figure 6**) identified as *White* at 70.37%, followed by *Latino or Latin American* at 15.74%, *Black or African American* at 8.33%, *Asian* at 2.78%, *Other* at 1.85%, and *American Indian or Alaskan Native* at 0.93%. There were no respondents who identified as *Native Hawaiian or Pacific Islander*.

Figure 7

Demographic Statistics of Survey Respondents by Household Income

For Household Income (see **Figure 7**), the largest group of respondents at 24.77% *Preferred not to answer*. Additionally, 15.61% of respondents earned *$0-$50,000*, 17.43% earned *$51,000-$100,000*, 21.10% earned *$101,000-$250,000*, 14.68% earned *$251,000 - $499,000* and 6.42% earned *$500,000 and above*.

Using descriptive analysis, I examined donor motivations for each of these demographic categories by evaluating choice count, donor percentages, standard deviation, and mean for Survey Questions 1-3. For Survey Questions 4-9, I used similar measures in gauging demographic trends to recommend appropriate strategies and channels for JDCHF's use in donor retention and donor engagement practices.

Survey Question Analysis

To better understand donor motivation, my survey contained questions where respondents
were asked to assess agreement with statements related to reasons for giving. Responses were on
a Likert scale ranging from 1 (Strongly Agree) to 5 (Strongly Disagree). Therefore, lower means
indicate stronger agreement.

Table 1

Q2 Donor Motivation Results: Descriptive Statistics

Question	Statement	N	Mean	Standard Deviation
Q2.1	Charitable Giving is important to me	106	1.32	0.52
Q2.4	I donate because I feel compassion towards those who benefit from my donation	106	1.37	0.63
Q2.2	Charitable Giving to a Children's Hospital is important to me	105	1.43	0.58
Q2.8	Whenever I see the Joe DiMaggio Children's Hospital logo or attend an event, I get a good feeling	106	1.59	0.94
Q2.3	Joe DiMaggio Children's Hospital has helped me or a member of my family	106	2.56	1.96
Q2.5	It is important for me to be thanked for my donation	104	2.71	1.21
Q2.7	My partner or significant other thinks that it's important that I donate	105	2.97	1.88
Q2.6	My colleagues and friends think it's important that I donate	106	3.26	1.59

Table 1 displays the number of responses, the mean, and the standard deviation for these
questions. The most agreeable statement across all donors was Q2.1 *Charitable giving is*
important to me with a mean of 1.32 and the smallest standard deviation at 0.52 indicating the
least variation in the response distribution. Statements Q2.2 *Charitable Giving to a Children's*

Hospital is important to me and Q2.4 *I donate because I feel compassion towards those who benefit from my donation* were also found to be highly agreeable to donors with means of 1.43 and 1.37, and standard deviations of 0.58 and 0.63, respectively. The least agreeable statement was Q2.6: *My colleagues and friends think it's important that I donate* (mean=3.26, sd=1.59).

Survey Question Q3 was an open-ended question that asked respondents what would motivate them to continue or increase their donations to the JDCHF Annual Fund. On the question of motivation, donors provided a myriad of answers including the following:

- I am self-motivated for causes that are important to me regardless of what recognition I receive other than a general thank you.
- I love to give to help the children feel healthy.
- I have the financial ability to do so.
- I just feel it's right to give.
- I support several Children's Hospitals. Each is worthy and gets the same amount.
- I receive JDCHF newsletters.

Evaluating charitable giving theory in the first survey question provided the most concrete answer of this capstone study. When asked to respond to the statement "I feel my donations are important in supporting the mission of Joe DiMaggio Children's Hospital Foundation," 97.25% of respondents either strongly agreed (75.23%) or agreed (22.02%). Two respondents neither agreed or disagreed and only one respondent strongly disagreed. One-hundred and six donors knew or believed their donation was making a difference in JDCHF's mission.

To understand any links between charitable giving to JDCHF's goal of recurring donations, Survey Question 3 asked respondents the following: "Your support is vital to the continued success of Joe DiMaggio Children's Hospital Foundation. What would motivate you to continue

or increase your donations?" Referring to Kelly's (2001) four elements of fundraising stewardship - reciprocity, responsibility, reporting, and relationship nurturing - the goal was to evaluate if any of these elements were more important than the other. The answers which scored the highest (See **Figure 8**) were "reporting," such as sharing stories about the impact their gift made (29.15 %) and "responsibility," such as whether JDCHF had demonstrated through its actions that it was worthy of supportive behaviors and attitudes (29.15 %).

Figure 8

*Donor Responses to Survey Q3 on Motivation*
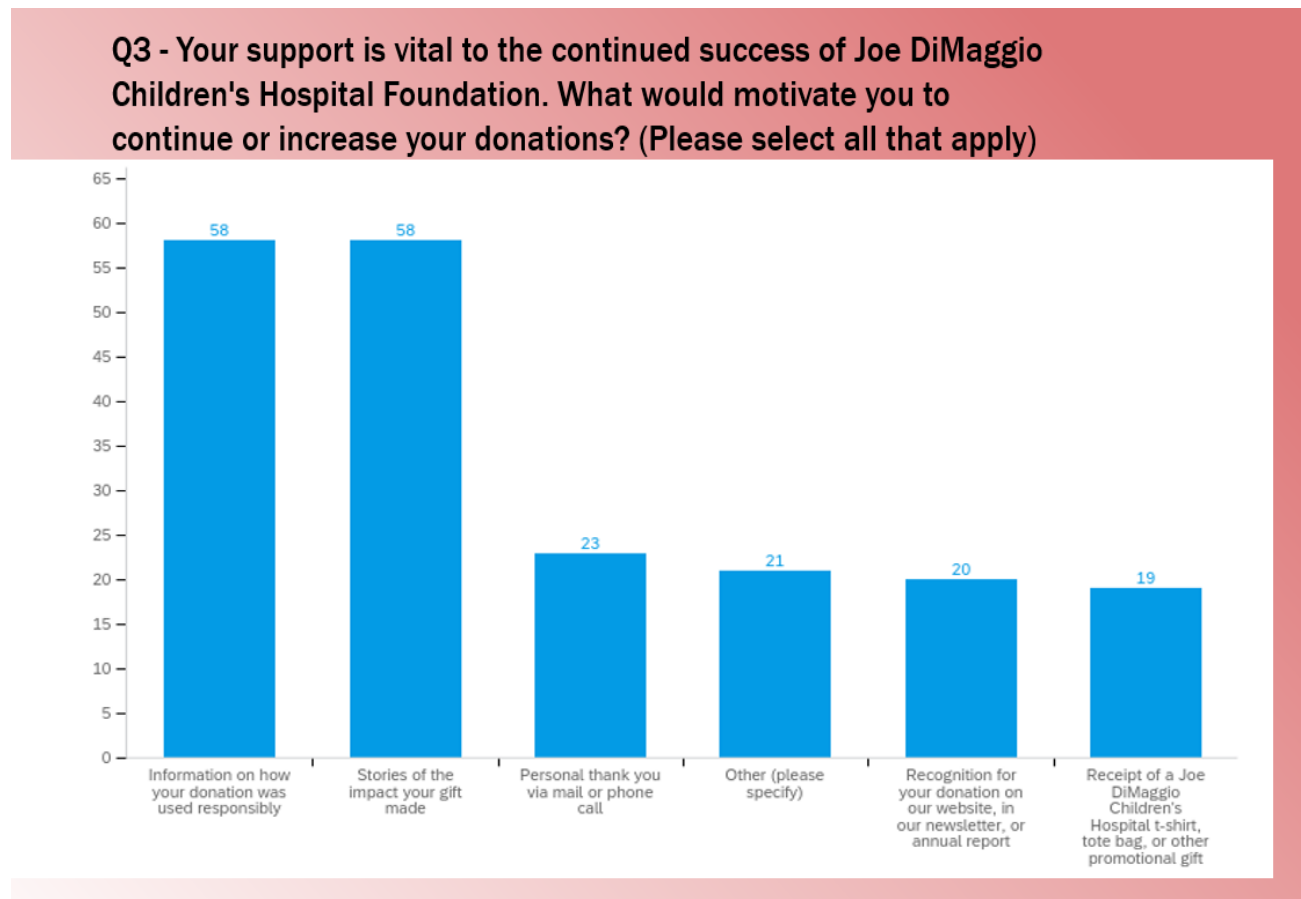
In Survey Question Q5 (**see Figure 9**), respondents were asked, "How do you prefer to be contacted by JDCHF?" The overwhelming response was *Email* at 70.6% followed by *Direct mail*

at 22.9%, *Text message* at 19.3%, and *Phone call* at 11.9%. Almost 13% of respondents

indicated they *prefer not to be contacted*.

Figure 9

Donor Responses to Survey Q5 on Communication Preferences

Q5 - How do you prefer to be contacted by Joe DiMaggio Children's Hospital Foundation? (Please check all that apply)
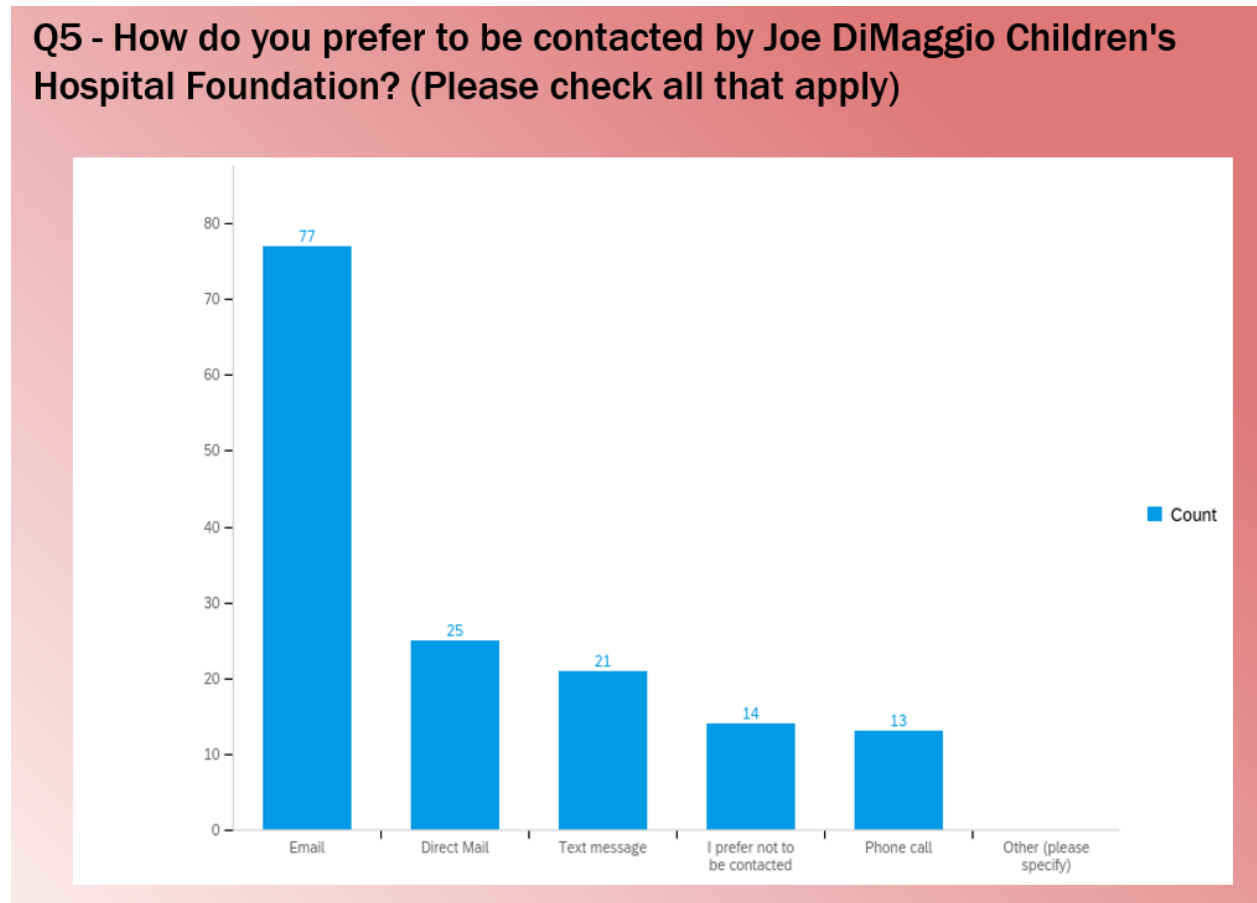
When I explored the question by age, additional findings emerged. As depicted in **Table 2**,

each age group had specific preferences in how they wished to be contacted. The Greatest

Generation's (Age 76 and above) first choice was *email* at 75% followed equally by *phone call,*

text message, and *direct mail* each at 16.7%. Baby boomers (Age 57-75) preferred *email* at

64.7% followed by *direct mail* at 31.4%, with *phone call* and *text message* equally at 11.8%,

respectively. For Gen Xers (Age 45-56), their top methods for contact included *email* at 76%,

followed by *text message* at 24%, and *direct mail* at 16%. Millennials (Age 26-44) also preferred *email* at 76.2%, followed by *text message* at 33.3%, and *direct mail* at 14.3%. No Gen Zers (Age 25 & under) responded to the survey. The two age groups that ranked highest in *not wishing to be contacted* were millennials at 19% and Gen Xers at 16%.

Table 2

Donor Responses by Age to Survey Q5: How Do You Prefer to Be Contacted by Joe DiMaggio Children's Hospital Foundation? (Please Check All That Apply)
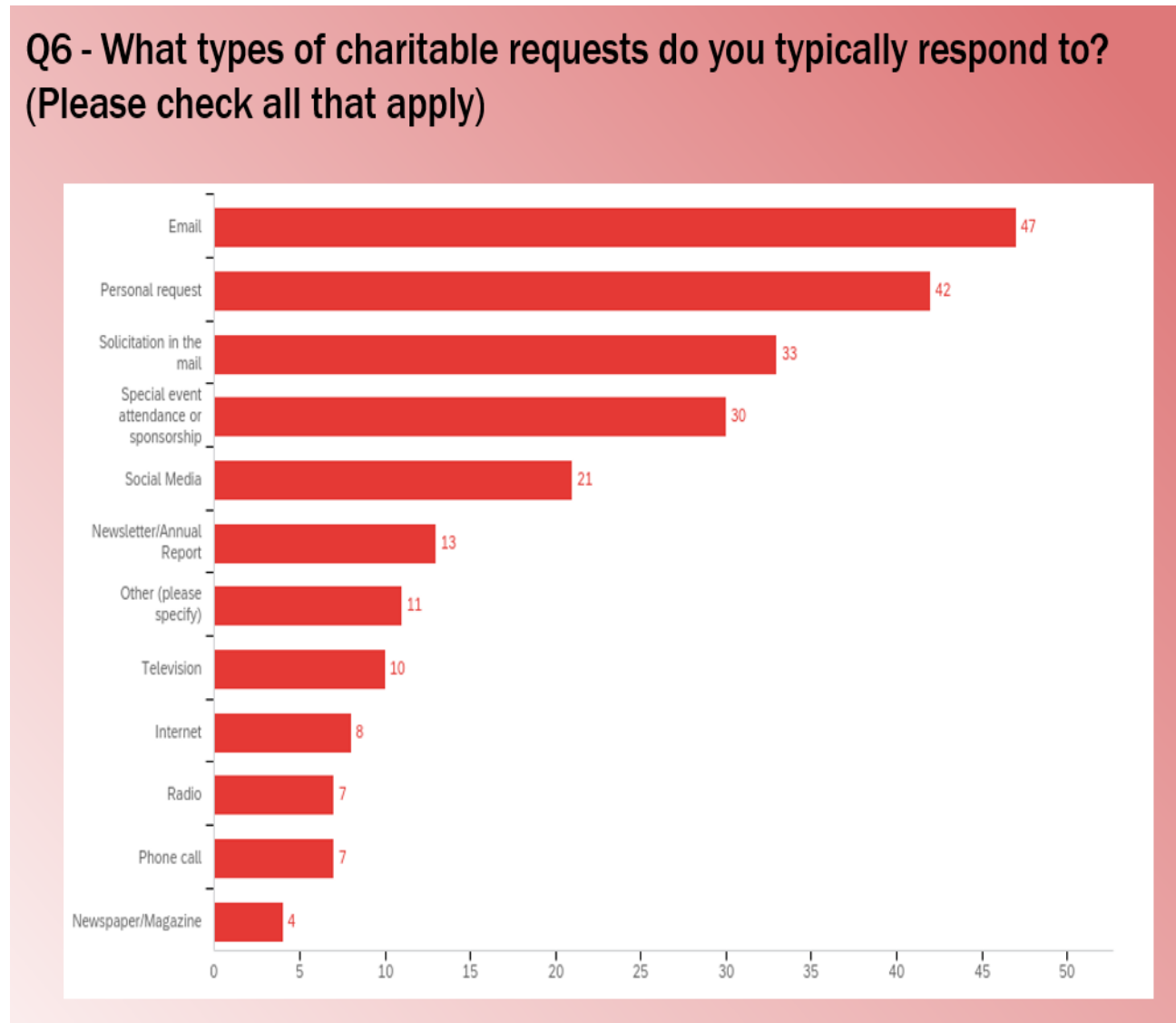
			Age			
Communication	**Total**	**Under 25**	**26-44**	**45-56**	**57-75**	**76 & above**
Phone call	11.9%	0.0%	9.5%	12.0%	11.8%	16.7%
Text Message	19.3%	0.0%	33.3%	24.0%	11.8%	16.7%
Email	70.6%	0.0%	76.2%	76.0%	64.7%	75.0%
Direct Mail	22.9%	0.0%	14.3%	16.0%	31.4%	16.7%
I prefer not to be contacted	12.8%	0.0%	19.0%	19.0%	16.0%	8.3%
Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Survey Question Q6 (see **Figure 10**) asked respondents, "What types of charitable requests do you typically respond to?" *Email* was ranked highest among respondents at 20.17%, followed by *personal request* at 18.03%, *solicitations in the mail* at 14.16%, *special event* at 12.88%, *social media* at 9.01%, and *newsletter/annual report* at 5.58%.

Figure 10

Donor Responses to Survey Q6 on Solicitation Preferences

Q6 - What types of charitable requests do you typically respond to? (Please check all that apply)

Response	Count
Email	47
Personal request	42
Solicitation in the mail	33
Special event attendance or sponsorship	30
Social Media	21
Newsletter/Annual Report	13
Other (please specify)	11
Television	10
Internet	8
Radio	7
Phone call	7
Newspaper/Magazine	4

When I explored Survey Question Q6 (see **Table 3**) by age, additional findings emerged. Each age group had specific preferences in their giving patterns. For the Greatest Generation, their top channels were *solicitation in the mail* at 45.5%, followed by *personal request* at 36.4%, and *email* and *special event attendance* equally at 27.3%. For Baby boomers, their top methods included *email* at 41.2%, *solicitation in the mail* at 37.3%, *personal request* at 35.3%, and

special event attendance at 27.5%. For Gen Xers, their top channels were *personal request* at

52%, *email* at 48%, *special event attendance* at 36%, followed by *solicitation in the mail* at 24%.

Millennials preferred *email* at 55%, *social media* at 35%, and *newsletter/annual report* and

special event attendance equally at 15%, respectively.

Table 3

Donor Responses by Age to Survey Q6: What Types of Charitable Requests Do You Typically Respond To? (Please Check All That Apply)

Age

Type of Request	Total	Under 25	26-44	45-56	57-75	76 & above
Solicitation in the mail	29.9%	0.0%	10.0%	24.0%	37.3%	45.5%
Email	43.9%	0.0%	55.0%	48.0%	41.2%	27.3%
Newspaper/magazine	3.7%	0.0%	5.0%	4.0%	3.9%	0.0%
Radio	6.5%	0.0%	5.0%	4.0%	9.8%	0.0%
Television	9.3%	0.0%	10.0%	8.0%	11.8%	0.0%
Social Media	19.6%	0.0%	35.0%	20.0%	17.6%	0.0%
Internet	7.5%	0.0%	10.0%	8.0%	5.9%	9.1%
Newsletter/Annual Report	12.1%	0.0%	15.0%	8.0%	11.8%	18.2%
Personal Request	39.3%	0.0%	35.0%	52.0%	35.3%	36.4%
Phone call	6.5%	0.0%	10.0%	4.0%	5.9%	9.1%
Special event attendance or sponsorship	27.1%	0.0%	15.0%	36.0%	27.5%	27.3%
Other	10.3%	0.0%	10.0%	8.0%	9.5%	18.2%

Semi-Structured Interview Analysis

     I explored donor motivation data of interest further in the semi-structured qualitative interview questions. During each interview, I took detailed notes with particular attention to answers that spoke specifically to the overarching project questions on donor motivation, retention strategies, and preferred communication channels. To recognize potential patterns within each interview, I summarized record notes immediately after completing each interview session. Additionally, I cleaned each transcript to ensure that the final transcripts accurately reflected the words of each interviewee. This process afforded another analytical opportunity to gain new insights, and I added to my interview notes when necessary. Following the interviews, I developed a deductive, thematic coding scheme driven by my theoretical framework. I used Microsoft Word and Excel to code my interviews. Following a process formatted by Ose (2016), I conducted the analysis by coding and sorting in Excel and then transferring quotes and references back to Word. From there, I sorted the text into a logical structure based on the thematic codes.

     My conceptual framework was the primary driver for my thematic analysis. The majority of the *a priori*, content specific (deductive) codes originated from the pre-defined concept themes aligned with the three theoretical models: donor motivation, charitable giving theory, and relationship management theory. Initially, I analyzed the interview transcripts through the three lenses of Motivation, Charitable Giving, and Relationships but I later added the sub-codes of Retention, Social Media, and Age/Generation. While most coded interview content aligned with one of the six categories, some responses lived at the intersection of Relationships and Retention. I made note of these exceptions and created updates to the coding scheme that included some intersectional categories. **Table 4**: Qualitative coding Thematic Analysis, indicates the final

44

categorical codes I used during the thematic analysis to link the interview data with the

theoretical themes.

Table 4

Qualitative Coding Thematic Analysis

	Motivation		**Charitable Giving**
1	**Mission**	9	**Joy**
2	**Children's Hospital**	10	**Pleasure**
3	**Local**	11	**Responsibility**
4	**Florida**	12	**Children of my own**
5	**Pediatric Specialists**	13	**Compassion**
6	**Stuffed Animal**	14	**Happiness**
7	**Mug**	15	**Make a Difference**
8	**T-shirt**	16	**Give Back**
	Relationship		
14	**Relationship**	16	**Communication**
15	**Services**	37	**Intersectional**
	Retention Strategies		
17	**Email**	21	**Appreciation**
18	**Newsletter**	22	**Thank you**
19	**Mail solicitation**	23	**Recognition**
20	**Phone call**	38	**Intersectional**
	Social Media		
24	**Social Media**	26	**Instagram**
25	**Facebook**	27	**TikTok**
	Age/Generation		
31	**Gen Z**	34	**Baby Boomer**
32	**Millennial**	35	**Greatest Generation**
33	**Gen X**		

Limitations

There were three identified limitations to this capstone. The COVID-10 pandemic altered the study in several ways. First, in addition to using email, I planned to attend several foundation fundraising events in person to administer surveys and recruit donors for face-to-face semi-structured interviews. These events were postponed or held virtually which necessitated emailing the survey link to a random generated donor sample and recruiting donors for interviews from the last question on the survey. This meant that only donors who provided their email to the foundation could be sampled for my study. This may have impacted the diversity of my sample because I did not have any respondents under the age of 25. Secondly, I planned to conduct interviews in person but due to the pandemic I conducted all of them remotely by phone or Zoom video conferencing. Since interviewing participants in person might provide additional insight through facial expressions or body language, this information was not collected or analyzed as part of my study. Finally, because I did not offer any rewards or incentives for completing the survey or participating in the interviews, this limitation may have negatively affected the number of respondents to both.

Findings

Three primary findings surfaced from my analysis. Finding 1 addressed donor motivation, Finding 2 identified strategies JDCHF could take to increase donor retention, and Finding 3 highlighted channels which JDCHF can use to expand its donor base.

> **Research Question 1:**
>
> **What do JDCHF donors identify as their motivation for giving to the Annual Fund?**
>
> **Finding 1:**
>
> **JDCHF donors have a broad range of motivations for their charitable giving.**

The literature on motivation shows that identifying key mental processes behind donors' actions helps many nonprofit organizations understand their donors' motivations. My analysis identified that JDCHF donors have a broad range of motivations for their charitable giving that could not be specifically linked to age, race/ethnicity, or income. One donor identified how volunteering with a favorite nonprofit ignited her desire to donate:

> I have been a charitable donor for a few years. But what led me to it, is the fact that I have been a lifelong volunteer. I've been giving my time for over a decade of my life, and it's something that I've always been passionate about. Donating your time to organizations is crucial for their survival. As I learned more about organizations that I gave my time to, I realized that they also needed charitable contributions in order to be able to function and be able to do what they needed to do. And so, once my spouse and I were in a position where we felt like we could be more generous, we wanted to make sure that we not only gave our time, but also our dollars to organizations that we aligned with and meant a lot to us. And I believe that charitable giving is something that is important, and that people should

participate in if they have the means to be able to do so. And that no amount is too small (Interviewee XX).

Another donor shared the role compassion plays in her families' giving and how it helps them prioritize which organizations to support:

We donate to Joe DiMaggio and our church, and I can say compassion plays a big role in our giving because we'd rather give to those less fortunate as opposed to giving to the booster club because they want nicer computers even though they already have computers. Compassion plays a big part (Interviewee XV).

One donor discussed the importance of making a difference with his donations and how his giving patterns have changed over the years:

They all have some sort of connection to me or they're relatable. We used to be big supporters of the Humane Society. And that's because we have three dogs, but I think that as we've grown, our desire to make an impact has changed. It's changed along with our life cycle, I guess. We don't give to the Humane Society anymore, which I hate that. But yeah, I guess we've kind of evolved in our giving as we've had children (Interviewee XIV).

Another donor talked about feeling the need to give back to the community and how her families' support of nonprofits shifted from volunteering to charitable giving after they had children:

I would have to say number one, my desire to want to give back to the community. And number two, just, already being involved and seeing, firsthand where my dollars could go and the impact that they can make. So, I'm in my 40s and I don't mind if I share that, but I

have to say we started giving, surprisingly, after we had kids, because that's when we started getting more involved with our church, and our school, and just the community at large because before having children, my husband and I both were part of a bunch of different community and civic organizations, and we really gave more of our time than our dollars. So, for some reason having kids I guess, just put us in a different frame of mind (Interviewee XIX).

Another donor expressed how he felt the need to give back after Joe DiMaggio Children's Hospital helped his daughter when she was sick:

I had a daughter who was treated at Joe DiMaggio, but it wasn't as serious as some people. But, you know, I think it made me realize giving back because of her treatment was important, but also just the idea of supporting a children's hospital because they literally do save lives. And I think that makes a big difference and especially children. I think some of the other things I support now are for the benefit of children because it's not their fault. If they don't have the wherewithal, it's not their fault if they get sick, if I can help even a few of them, or help the organization that helps them. You know, I don't know, there's something about children. And I think that's probably not just true for me, but for a lot of people (Interviewee XIV).

Ultimately, every donor I surveyed and interviewed had a unique set of reasons for donating to JDCHF and other nonprofit organizations. Their motivations for charitable giving were multi-faceted and varied by personal beliefs, life cycles, financial ability, and a relationship with the organization. A comment from a male baby boomer highlighted the varied nature as to why he donates, spanning nearly every reason identified in the literature:

As I've gotten older, it's more important. And I think it's because I recognize the importance of giving back. I've been fortunate, and I know not everybody is. So, I think it's very important, because I realize there are a lot of good causes and organizations that need help, and that people need help. If I can give a little bit to help make a difference, then I think that's kind of my responsibility in a way, but also something that I enjoy doing, if I think it can make a difference for somebody else. I've always thought that people think of making donations is always selfless, like you're giving, and not getting anything back. But I don't feel that way. I feel you get as much back. It's like the old saying about giving, you know, that's really the best thing, the best gift is being able to give. So, I actually feel that I get as much pleasure from that since maybe I provide, or my donation provides, to somebody else. So, it's better to give than to receive and I think people feel that way. And maybe sometimes making a donation is easier than buying a gift or something. Because that's harder, because you never know if you're getting the right thing. But if you make a donation, you hope that the organization you give it to is using it for the right reason (Interviewee XVI).

Through this review, I recognized that JDCHF donors have many different needs and motivations in their charitable giving. Therefore, it would benefit the foundation to adjust its strategies and approach based on the specific donors it would like to recruit and retain for its Annual Giving program.

> **Research Question 2:**
>
> **What strategies can JDCHF take to retain existing Annual Fund donors based on their motivations for giving?**
>
> **Finding 2:**
>
> **Storytelling has a profound effect on making JDCHF donors feel their charitable giving directly impacts the children and families served by the foundation.**

Storytelling has a profound effect on making JDCHF donors feel their charitable giving directly impacts the children and families served by the foundation. My data analysis showed that charitable giving was a very important sentiment among JDCHF donors. Understanding the importance of sharing stories that align with the interests and tug at the heartstrings of current donors affirmed for the foundation how valuable it is to continue using storytelling in all JDCHF communications.

Building on the survey results, I asked several open-ended questions during the semi-structured qualitative interviews to examine what factors might influence a donor's future actions, and therefore donor retention. These included the following:

- How likely are you to continue supporting the JDCHF Annual Fund?

- How could JDCHF build trust with you as a donor?

- How would you describe the relationship you have with JDCHF?

- What would make you stop wanting to support JDCHF?

The responses from these questions indicated the importance of both "reporting" and "responsibility."

"Reporting" keeps donors updated on developments about the foundation and the recipients of their generosity. Donors elaborated on the effect storytelling had on their actions. One donor mentioned how reading the stories about the children motivated her to continue her support:

I love seeing stories in the newsletter about the children and how JDCH helped them get better. I was especially touched by the story of Jacob who had cancer and required a special type of surgery to repair his leg. . .and that adorable baby who received a heart transplant that saved her life. Those types of stories make me want to continue supporting Joe DiMaggio Children's Hospital because I see how my donations can change those children's lives (Interviewee XX).

Another donor shared how hearing stories about the foundation's support of families increased her philanthropic giving:

I am so touched by the children and families who tell their stories at the foundation's Fairy Tale Ball. I attended the event a few years ago at the request of a JDCHF board member. I paid $600 for two tickets, and after dinner a mother was introduced on stage who starts telling the story about how her daughter almost died but the doctors at Joe DiMaggio Children's Hospital saved her life. She talked about how the nurses and staff were like family to them. Her husband mentioned how they stayed for free right across the street at the Conine Clubhouse while their daughter was in the hospital for months. Later that evening, we were asked if we wanted to purchase the table centerpieces to benefit the children at Joe DiMaggio—I bought three for a $2,000 donation. That incredible story made me want to give them my last dollar (Interviewee XV).

There were differences in how donors described "responsibility." Several donors mentioned the importance of transparency and letting donors know exactly where their dollars

are being spent. One shared, "I want to know the cost of fundraising. Most donors are sophisticated enough to research a nonprofit before giving and many want to know the ROI— return on investment for a particular event" (Interviewee XVI). Another mentioned that "JDCHF is a successful nonprofit and they made me feel confident that my money was being used in a smart way when the foundation newsletter included information about the new equipment they were funding for the hospital" (Interviewee XII). Another donor recalled seeing the latest JDCHF Annual Report which highlighted the additional four new floors being built at the children's hospital, "I feel my money is being used wisely when I see stories like that---when I see how new programs are being added to help the children and their families" (Interviewee XX). While each donor indicated a different metric for assessing JDCHF's responsibility, they all shared this element's importance through their remarks above.

Information regarding reciprocity and relationship building also provided clarity about what donors expected out of their association with JDCHF. Survey Question 3 asked what would motivate donors to continue or increase their donations. Relationship nurturing, at 21.11% was the emphasis the foundation placed on building relationships and connections with their donors. One JDCHF donor mentioned, "The foundation sends me a personalized birthday card every year signed by the whole staff" (Interviewee IX). Another donor talked about how foundation staff members, "Don and Sharon helped me get urgent JDCH specialist appointments for my children. They followed-up to see how the appointment went and how my child was doing" (Interviewee XI). Remembering when she did not feel appreciated, another donor mentioned that she had delivered handmade crocheted dolls to the hospital during the COVID-19 pandemic and the "hospital specialist who received them was very matter of fact and not especially appreciative. I was really disappointed, and it hurt my feelings. I thought they might put my

picture in the newsletter, but it never happened" (Interviewee XXI). Lastly, reciprocity at 10.05% was the lowest of the elements in Survey Question 3 and discussed less in the interviews.

As explored in the quantitative survey and semi-structured interviews, the most important elements of Kelly's (2001) theory on relationship management were reporting and responsibility. One donor, who is also an employee, summarized it best when she mentioned how she is confident her donations are used responsibly because she personally knows all the ways the foundation assists patients and families:

 I've been working as a nurse at Joe DiMaggio for over 20 years and I see firsthand what an incredible place this is. I see how the doctors and nurses really care about their patients and all the resources that the foundation provides to help the patients in their recovery— music, art therapy, beanie babies before chemo and radiation treatments, and everyone's favorite clown, Lotsy, to entertain the kids and their families. As an employee and a donor, I know JDCHF uses my money wisely and I'll continue to support them for as long as I can (Interviewee XIX).

 Through survey responses and interviews, donors identified that the foundation's support of patients and their families, as well as examples of responsible actions communicated through storytelling, largely influenced their motivations to donate. Furthermore, this data demonstrated the importance of personalized communications as a way to nurture and strengthen donor relationships with JDCHF, ultimately resulting in increased donor engagement and retention.

Research Question 3:

Based on donor motivations and demographics, what channels can JDCHF use to expand their donor base?

Finding 3:

JDCHF donors differ in how they wish to be contacted and what types of charitable solicitations they respond to based on their age group.

JDCHF donors differ in how they wish to be contacted and what types of charitable solicitations they respond to based on their age group. In my analysis, I found that donors had specific communication preferences by age. I sought to explore these communication preferences further in my semi-structured interviews. A male baby boomer explained his communication preferences and how for him, a phone call can be disruptive:

 I would prefer to get a letter or an email, I wouldn't necessarily want to get a phone call. I can read a letter on my own time, but if someone calls me then it may not be the time I really want to talk to somebody. And so, a letter or email is fine (Interviewee XVI).

 A female Gen Xer shared her thoughts on the importance of personalized communication with donors:

 It really depends on the donor. For me, I think a personalized email or letter is way more meaningful than like, some kind of canned letter. Yes, so like, I mean, even a handwritten note, or even a personal phone call, depending on, again, the person and the demographics and the age group. I mean, even a text message or like a video message can go a long way (Interviewee XV).

In addition to specific communication channels preferences, donors also showed distinct solicitation preferences by age as seen in Survey Question 6. My questions in the semi-structured interviews sought to explore these donor appeal preferences further. A male millennial stated, "I'm most likely to give via email or postal mail." A male baby boomer explained how his charitable request preferences have evolved from phone calls to mailed solicitations:

> In years ago, I would give to phone calls, especially my universities, and they would have students call, so I would give to a student calling. There are so many marketing calls now that I don't like responding to phone calls anymore. So, probably, I prefer things that come in the mail from Joe DiMaggio. And those would be the things I would respond to the most. Sometimes, something from email, but most likely something I would reply to would be something that was mailed to me (Interviewee XVI).

A female millennial shared her thoughts about the various channels she uses to support nonprofit organizations:

> When I make a gift to a nonprofit foundation, for us, in particular, it's mainly online. And then there are a few events that we go to annually that we support. I also respond to social media or email requests (Interviewee XX).

When I questioned interviewees later about JDCHF engaging with donors on social media, the majority of responses were overwhelmingly positive. Only one donor expressed reservations which were related to cases of fraudulent online activity. A female Gen Xer enthusiastically responded to my question about social media engagement:

> I think it's important and necessary for nonprofits to use social media with donors! Yeah! And I think that it's something that nonprofits should be doing if they're not already. They

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should be doing a lot and should really be focusing on that more than - I don't think print should go away, for sure - but I think that there should be a big effort on social media engagement (Interviewee XV).

A male donor who was categorically a millennial but identified as Gen Xer identified the platforms that are currently popular and how social media is cost effective for nonprofits:

I think it's really smart for nonprofits to use social media. They should use Facebook and TikTok—I know TikTok is a big thing. Facebook is probably number one right now and maybe Instagram. . . it's definitely smart to get involved with social media. The cost is so affordable and it's a great way to connect with donors (Interviewee XIV).

A female millennial disclosed her favorite platform and others she has used in the past. She discussed how quickly she can make a donation when she is motivated by the cause:

Instagram is my preferred method of digesting social media. So, I used to be into Facebook, but I'm not personally as interested in it anymore. And I know that TikTok is now very popular on social media. So, for me, I really like Instagram, I follow all my favorite nonprofits on there. So again, if they have fundraisers or a crisis, it's really easy for me to be able to make a donation actually straight through Instagram. So again, pretty instantaneous. And because it's associated with photos, it can be really impactful and draw you in immediately if you can firsthand visualize what might be going on, or who you might be able to be making a difference for (Interviewee XX)

Social media serves many purposes for philanthropic donors. Multiple platforms allow donors of all types to interact with the organization in a cost-effective way, make donations, and to see the impact of their charitable giving. A female Gen Xer interviewee summarized it best

when she noted all the ways that nonprofits organizations can use social media and other communication channels to highlight their mission and their volunteers, ultimately increasing overall donor engagement:

I think social media engagement with donors is so important. I love engaging on social media with the main local nonprofit that I support with both my time and money. If I ever post either a story or an actual Instagram post that is associated with their organization in any way, shape, or form, they're always really sharing it, they're always commenting on it, liking it. It makes me feel really special that they recognize how it is I'm giving back to them-- that I am donating my time, that I'm donating my money. I am frequently featured in their news stories, in their newsletters via email. And seeing myself on their social media posts just makes me feel really good. It makes me feel like I'm being recognized for the work that I'm doing. And of course, that's not why I'm doing it. But I love the engagement, it makes me feel like I'm seen as an individual and that my individual contribution really is making a positive impact. So, I think that that is super key (Interviewee XV).

A focus on adding additional platforms and expanding communication channels could lead to higher rates of donor engagement and retention, ultimately increasing overall Annual Giving for JDCHF.

<center>**Recommendations**</center>

During the next 25 years, the baby boomer generation will pass down more than $30 trillion in wealth. Nonprofit organizations who proactively adjust their data intelligence tools and revamp their communication strategies stand to reap great rewards. Following the connections of donor motivation, charitable giving theory, and relationship management, I propose the following recommendations of policy and practice to enhance donor engagement and retention at JDCHF.

Finding 1

JDCHF donors have a broad range of motivations for their charitable giving.

Recommendation 1:

JDCHF should segment its donor base to better target the motivations and generational differences of its donors.

My review of the literature on healthcare philanthropy reveals that many hospital foundations segment their donor lists. Donor segmentation allows nonprofit organizations to classify and separate their donors into groups based on similar qualities and characteristics. Donors may be classified as first-time donors, monthly donors, lapsed donors, and donors who engage with the organization on social media. Donors may also be identified by age and other demographic categories.

Finding 1 identified that JDCHF donors have varying motivations for their charitable giving. While JDCHF utilizes some donor segmentation related to board members, employees, and patients, additional segmentation could provide more personalized communications with its

donors, in turn increasing the chance that JDCHF donors will continue to engage with the foundation and donate to the cause.

Donor segmentation can also help JDCHF increase donor retention which is critical in growing and sustainable fundraising. Donor retention helps JDCHF generate reliable revenue thus enabling the foundation to carry out its mission. For most nonprofits like JDCHF, donor retention averages around 45-50%. However, the *new* donor rate is typically around 20%. Since it is 10 times more expensive to attract a new donor than retain an existing one, *new* donor retention is critical. JDCHF should strive to thank new donors promptly with a personalized note in the communication mode preferable to that age group. By leveraging personal communication and donor segmentation JDCHF can build stronger relationships and increase loyalty with all donors, ultimately resulting in higher donor retention.

To accomplish appropriate segmentation, JDCHF needs to collect more detailed information on its donors, specifically their age/birthdate, email, cellular phone number, and interests. To accomplish this, JDCHF should provide brief questionnaires in its donor solicitations, communications, and on its website, as well as request this information with each donation. JDCHF employs a data base coordinator and data processor to work with the Annual Giving Director in coordinating its donor lists. The foundation currently uses Blackbaud's Raiser's Edge data base software to manage donor data and communications. Using this software, JDCHF staff should strive to keep track of current and potential donors as they move through life stages and as their demographic profiles change to better segment its donor list. Collecting donors' ages, birthdays, email addresses, and cellular phone numbers will assist in a more direct outreach to each donor in their preferred communication mode. For example, it will permit JDCHF to easily recognize donor birthdays in a cost-effective way through email. Donor

segmentation is an effective and efficient method to cultivate donor relationships and encourage

additional donations. By increasing segmentation, JDCHF could create more personalized

conversations and communications with its donors, leading to greater engagement and retention.

Finding 2:

<u>**Storytelling has a profound effect on making JDCHF donors feel their charitable giving**</u>
<u>**directly impacts the children and families served by the foundation.**</u>

Recommendation 2:

<u>**To increase recurring donations, JDCHF should continue to incorporate reporting and**</u>
<u>**storytelling into all communications.**</u>

Based on Finding 2, JDCHF donors are inspired and motivated by the stories of pediatric

patients and how their families are served by the foundation. For JDCHF, storytelling and

reporting are powerful tools in sharing the foundation's valuable mission and promoting its cause

of serving others in need. Both my survey and interview results indicated that when a nonprofit

provides transparency to donors, they are more likely to be motivated to give. JDCHF should

continue to keep its donors informed about patient success stories, the hospital expansion, and

new medical programs. To accomplish this, consistent communication on how and where

donations are used is essential to helping JDCHF donors feel connected to the organization. In

addition to using patient and family stories in its charitable solicitations, JDCHF should consider

increasing the use of foundation donors, volunteers, and board members in sharing their reasons

for giving to the organization. Individuals who have a stake in JDCHF's success—whether

through donating, volunteering, or serving on the board, are perceived as highly credible.

The foundation should continue to provide copies of its newsletter and annual report to all JDCHF donors as well as updates to specific capital campaigns, fundraisers, special events, and hospital programs. Patient and family testimonials at special events like the Tour de Broward, Fairy Tale Ball, and Radiothon help build on the great work that JDCHF is doing in the community. Finally, donors acknowledged that hearing stories about how pediatric patients and their families directly benefited from charitable gifts was especially meaningful.

Finding 3:

JDCHF donors differ in how they wish to be contacted and what types of charitable solicitations they respond to by age group.

Recommendation 3:

JDCHF should expand donor solicitation and communication channels to additional platforms to broaden its donor base.

Finding 3 identified that JDCHF donors have noticeable differences in how they wish to be contacted and what types of charitable solicitations they respond to. This finding aligned with the literature on generational differences in giving patterns, response rates, and channel types. When I began this Capstone project, the foundation had a limited presence on social media. The staff sporadically posted on the foundation's Facebook account and the Instagram account was rarely used. By contrast, the children's hospital (JDCH) had multiple social media accounts with over 150,000 Facebook followers and its accounts were managed by an outside public relations and marketing company. Although the children's hospital used various types of advertising, the foundation did not. As I reviewed the marketing activities of other children's hospital foundations, I recognized that the expansion of JDCHF's communication platforms was crucial

to engaging with its current donors as well as reaching new ones. I proposed to JDCHF leadership the establishment and maintenance of active Facebook, Instagram, Tik Tok, Twitter, and LinkedIn accounts with the addition of a "Donate Now" button to each account page. I also suggested that JDCHF use internet, television, and social media advertising to further its donor reach.

Together, JDCH and JDCHF leadership agreed to use the same marketing company to combine and manage all social medica accounts for a synergistic effect. This decision benefits both the children's hospital and the foundation by expanding their communication channels to reach a larger, more diverse audience while incurring no additional cost for JDCHF. Storytelling is the focus of all posts featuring patients, families, donors, volunteers, hospital staff, corporate sponsors and even the therapy dogs, Nutmeg and Freedom. Each post provides a link to the JDCHF webpage where followers can obtain additional information and make a donation. These social networking platforms provide JDCHF the opportunity to initiate one-on-one interactions and conversations which is impossible with emails or traditional mail. Additionally, social media provides a way for donors to provide immediate feedback on the message and the organization.

Donor motivations may vary but most nonprofit donors want to feel like they are part of a cause that truly matters. Building community through regular multi-platform communications about JDCH's pediatric patients and their volunteers keeps donors engaged and interested. JDCHF should cross-link its social media profiles to make it easier for its supporters to follow its posts. For example, the foundations can include a link to the Instagram profile in the bio of the Twitter account. Cross-linking would make it easier for JDCHF to share content while enabling its donors to follow the foundation on their preferred platforms. Implementing this process would help JDCHF grow its donor base and create a consistent brand identity across multiple platforms.

While direct mailings can be costly, they generate seven to eight times the return rates of email. For this reason, JDCHF should continue to use direct mail solicitations for now and closely monitor the return on investment. Though generational wealth is changing hands, it is still held largely by the Greatest and baby boomer generations who respond well to direct mail campaigns. Gen X, millennials, and Gen Z are far more likely to respond online through a website or email but their engagement by desktop, laptop, tablet, or mobile phone varies greatly. JDCHF should incorporate ways to invite its donors to make monthly donations into phone calls, direct mailings, emails, and social media posts by providing the option of "recurring donor" on donation forms to harness the power of suggestion. JDCHF should also provide its social media handles and links in its mailed solicitations to encourage its donors to connect with the foundation online. Lastly, I recommend Google Ad Grants to JDCHF which provide up to $10,000 per month in free search ads to qualifying nonprofits. These ads will assist JDCHF in raising awareness, attracting donors, and recruiting new volunteers to its organization further strengthening its Annual Giving program.

Conclusion

Through this capstone project I addressed the following problem of practice: How can JDCHF enhance its Annual Giving program and sustain its long-term viability through the retention of existing donors while expanding upon a new donor base? I explored three research questions to understand what JDCHF donors identified as their motivations for giving and based on these motivations, what strategies and channels could JDCHF employ to retain current donors and recruit new donors to its organization. My findings identified that JDCHF donors have a broad range of motivations for charitable giving. Additionally, donors indicated that reports and stories about how their donations were used affected their donations. Finally, JDCHF donors use

a variety of communication channels and social media platforms to engage with nonprofit organizations.

I relied on both quantitative and qualitative data to examine JDCHF donor retention and the connection between donor motivation, charitable giving, and relationship management on philanthropy. Through the review of existing and emerging research on hospital foundations and charitable giving trends, I was able to provide recommendations to JDCHF to better understand the nuances of donor retention, acquisition, and relationship fundraising. By recognizing its donors' motivations for charitable giving and integrating compelling methods of storytelling across multiple platforms, JDCHF is poised to engage with donors of all types as it continues its mission of helping pediatric patients and their families through a successful Annual Giving program.

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Appendices

Appendix A: Recruitment Language for Quantitative Survey

On Qualtrics:

Dear Donor:

Thank you for your support of Joe DiMaggio Children's Hospital Foundation!

To better understand our donors, we have partnered with a doctoral student at Vanderbilt University. We are inviting you to participate in a research project about donors to Children's Hospitals. As a partner to JDCHF, your feedback is important to better understand your investment in our work supporting hospitalized pediatric patients and their families.

Your participation is completely voluntary and your responses to this survey will be kept confidential. You will also have the option to not respond to any question if you choose. Agreement to participate will be interpreted as your informed consent to participate and that you are at least 18 years of age.

If you have any questions about the research, please contact the Principal Investigator, Beth Janser, via email at beth.b.janser@vanderbilt.edu or faculty advisor, Dr. Sayil Camacho, at sayil.camacho@vanderbilt.edu. If you have any questions regarding your rights as a research subject, contact the Vanderbilt Institutional Review Board (IRB) at (615) 322-2918.

Thank you!

Joe DiMaggio Children's Hospital Foundation Staff

Please print or save a copy of this page for your records.

Appendix B: Quantitative Survey Format

Survey questions:

1) Do you believe your donation makes a difference in the mission of JDCHF?

    Yes   No   Not Sure

2) For each of the following questions below, choose the response that best characterizes

how you feel about the statement utilizing the Lickert scale where 5= Strongly Agree, 4=

Agree, 3=Neither Agree nor Disagree, 2=Disagree, 1=Strongly Disagree, 0=Not Applicable.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not Applicable
Charitable Giving is important to me	5	4	3	2	1	0
Charitable Giving to a Children's Hospital is important to me	5	4	3	2	1	0
JDCHF has helped me or a member of my family	5	4	3	2	1	0
I donate because I feel compassion towards those who benefit from my donation	5	4	3	2	1	0
It is important for me to be thanked for my donation	5	4	3	2	1	0
My colleagues and friends think it's important that I donate	5	4	3	2	1	0
My partner or significant other thinks it's important that I donate	5	4	3	2	1	0

Whenever I see the JDCHF logo or attend an event, I get a good feeling	5	4	3	2	1	0

3) Your support is vital to the success of JDCHF. What would motivate you to continue or increase your donations? (Please check all that apply)

Public thanks for your donation on our website, in our newsletter, or annual report

Information on how your donation was used responsibly

Stories of the impact your gift made

Personal thank you via mail or phone call

Receipt of a JDCHF t-shirt, bag, or other promotional gift

Other (please specify)

4) Does your employer provide a match for charitable giving? (Requested by JDCHF)

   Yes   No   Not sure

5) How do you prefer to be contacted by JDCHF? (Please check all that apply)

Phone call

Text message

Email

Direct Mail

I prefer not to be contacted

Other (please specify)

6) What type of charitable solicitations do you typically respond to? (Please check all that apply)

Solicitation in the mail

Email

Newspaper/Magazine

Television

Social media

Internet

Personal request

Phone call

Radio

Newsletter/Annual Report

Special event attendance or participant

Other (Please specify)

7) What channels do you typically use to make a charitable gift? (Please check all that apply)

mail

Website

Facebook request for birthday or other special occasion

Go Fund Me request

Text/smart phone

personal solicitation

race/walk sponsorship

Attendance at special event(s)

8) Which of the following are ways you currently or might consider making future charitable donations? (Please check all that apply)

Stocks or securities

Real estate

Cryptocurrency or digital assets

A bequest or other estate donation

Distribution from an IRA or other qualified plan

Donor Advise Fund

Cash, Check or Credit Card

Other_

9) How has the global pandemic impacted you as a donor and your donating process?

I have reduced my overall charitable giving

I have increased my overall charitable giving

There is no change in my overall charitable giving

10) Age:

Under 25__

26-44__

45-56__

57-75__

76 and above__

11) Race:

American Indian or Alaska Native

Asian

Black or African American

Latino or Latin American

Native Hawaiian or Pacific Islander

White

Other_

12) Income:

0 - $50,000

$51,000 to $100,00

$101,000 to $250,00

$251,000 to $499,000

$500,000 and above

Prefer not to answer

13) (Optional) Would you be willing to participate in a 20-30 minute follow-up interview via phone call or video conference? If so, please provide your name and contact information and we will reach out to schedule an interview.

Name   Email

Phone number   Best way to reach you?

Appendix C: Recruitment Language for Qualitative Interviews

Email Attempt 1:

Hi [Donor Name],

On behalf of Joe DiMaggio Children's Hospital Foundation, thank you for your continued support!

I am reaching out because you have expressed interest in a follow-up interview from a recent Donor Survey. Your feedback is important to better understand why you chose to invest in our work supporting hospitalized pediatric patients and their families as well as improved access to healthcare in our community.

You have been selected to participate in a one-on-one interview to share your thoughts on donating to JDCHF. The interview will last approximately 20-30 minutes and can be scheduled at your convenience, utilizing Zoom, an easy-to-use video conferencing platform.

To confirm your participation, please reply to this email (to: beth.b.janser@vanderbilt.edu) or call (561) 716-5252 with your availability over the next two weeks. Following your reply, our researcher, Beth Janser from Vanderbilt University, will reach out to confirm your interview time and additional details.

Thank you!

Joe DiMaggio Children's Hospital Foundation

Email Attempt 2:

Dear [Donor Name],

I wanted to follow up to see if you are still interested in having a conversation about Joe DiMaggio Children's Hospital Foundation as a Donor. I can be as flexible with your schedule as possible!

Thank you,

Beth

Appendix D: Qualitative Protocols

Introduction:

Thank the participant for participating

Describe the study

Display the informed consent document

Do you consent to being recorded? [Start the recording]

Questions to ask (semi-structured interviews, if applicable, would be conducted to provide clarity of qualitative interview responses):

Warm-up questions in #1:

1) Can you describe what led you to being a charitable donor?

   Probe: How important is charitable giving to you?

2) How does donating make you feel?

   Probe: How does compassion play a role in your charitable giving?

3) How does JDCHF being a children's hospital impact your engagement?

4) What other non-profit organizations do you typically support?

   Probe: Are there different motivating factors that make you engage with these other types of

non-profit organizations?

5) How personally connected are you to JDCHF?

   Probe: Have you or a family member ever received services from JDCHF?

   Probe: If so, how did that impact your family?

6) How would you describe the relationship you have with JDCHF?

Probe: How could JDCHF better build trust with you as a donor?

Probe: What would make you stop wanting to support JDCHF?

7) How has the global pandemic impacted you as a donor and your donating process?

8) How do you typically make a gift to a nonprofit foundation?

Probe: What types of solicitations are you most likely to respond to?

9) How often do you use social media?

Probe: What are some of your favorite social media platforms?

10) JDCHF is considering engaging more with donors on social media. What are your thoughts about social media engagement with donors?

11) What generation do you identify with?

12) What racial or ethnic group do you identify with?

13) Do you think recognition for charitable gifts is important? For example, if you received a personalized letter or phone call from JDCHF after making a donation, would that impact your relationship with the organization?

14) How likely are you to continue supporting the JDCHF Annual Fund? Why?

Interview Closing

The participant is thanked for their time and next steps for the interview process are shared.