



The  
**Advisory**  
Board  
Company

Philanthropy  
Leadership Council

# Mini-Campaign Playbook

*A Fundraiser's Guide for Planning and Executing  
Smaller, More Targeted Campaigns*

# Philanthropy Leadership Council

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**Additional Resources Online**

To access this publication and other relevant materials collected during the course of our research, please visit our website: [www.advisory.com/plc](http://www.advisory.com/plc)

# Available Within Your Philanthropy Leadership Council Membership

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Over the past year, the Philanthropy Leadership Council has developed numerous resources to assist program leaders in campaign strategy and management. The most relevant resources are described here. All of these resources are available in unlimited quantities through the Philanthropy Leadership Council membership.

## Strategic Guidance for Campaign Management



**Agile Campaign Strategy**  
*Enhancing Flexibility and Minimizing Burnout During Major Fundraising Initiatives*

Provides a strategic overview of two options to increase agility and sustainability in fundraising campaigns: modifying traditional practices or adopting the mini-campaign model.



**Naming Opportunities Database**

Contains hundreds of naming opportunities from member institutions nationwide. Search by service line or type of opportunity. Use this tool to create naming opportunities for institutional campaigns.



**How to Structure a Mini-Campaign**  
*A Graphical Look at Executing a Downsized, Targeted Strategy*

Provides a graphical summary of how to downsize traditional campaign strategy across parameters, staffing, allies, and communications. Supplies an overall timeline of the mini-campaign approach.



**Campaigns: Supporting Documents**

View a wealth of campaign-related sample materials from member institutions, such as case statements, volunteer job descriptions, board expectations, and council structures. Use these samples to develop campaign documents for your institution.

### To Order Via [Advisory.com](http://www.advisory.com)

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# Advisors to Our Work

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# Executive Summary

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## **Framing Our Ambition**

The traditional fundraising campaign is an integral part of hospital and health system foundations' development strategy, but for many organizations, the present model is not sustainable in today's volatile health care environment. Hospital priorities are shifting away from typical bricks-and-mortar projects often being altered mid-course, impacting campaign timeline and goal amount, frustrating donors and volunteers, and exhausting staff. Post-campaign troughs—in terms of revenue, pipeline health, and staff and volunteer engagement—are reportedly deeper and last longer.

Thus, campaign structures need to be more agile, in order to anticipate and absorb changes to funding priorities, and more sustainable for staff, volunteers, and donors. One solution to this challenge is an emerging campaign model, the “mini-campaign.”

A minority of hospitals and health systems are running mini-campaigns, which often materialized in an ad hoc manner during traditional campaign crisis moments. Through this research effort, the Council has established more defined parameters, strategic considerations, and execution steps for this emerging model.

There are six identified areas in which the mini-campaign downsizes on traditional campaigns: priority (including goal), timeline, volunteer structure, donor strategy, staffing and external counsel, and communications. This step-by-step playbook, designed for the fundraiser managing and executing the mini-campaign, offers tactical guidance to rescaling campaign operations in each of these areas.

## **Supplemental Materials**

The Council has developed supplemental resources to further assist mini-campaign owners. An online appendix includes complete copies of example documents referenced in the playbook, a worksheet to aid in planning and execution, and full case study profiles of the mini-campaign pioneer institutions cited in the publication. These materials can be accessed at [www.advisory.com/plc](http://www.advisory.com/plc).

# Mini-Campaigns In Brief

Mini-campaigns are not simply a condensed traditional campaign that reaches a smaller goal in a shorter time frame. Rather, a mini-campaign is a revamped model in which all traditional campaign elements are downsized and redesigned.

The priority, and therefore the goal for funds raised, is smaller, shortening the time frame in which the goal can be reached. The donor and prospect pools are correspondingly downsized and often focus on a lower level of the donor pyramid. Communications are retooled to be targeted and customized, minimizing cost and effort. The people selected to run the campaign—including volunteers, staff, and outside counsel—are also cut back, with management entirely restructured.

With these modifications, mini-campaigns allow fundraisers to be more agile and responsive to new priorities, and to reduce burnout often associated with extensive traditional campaign life cycles.

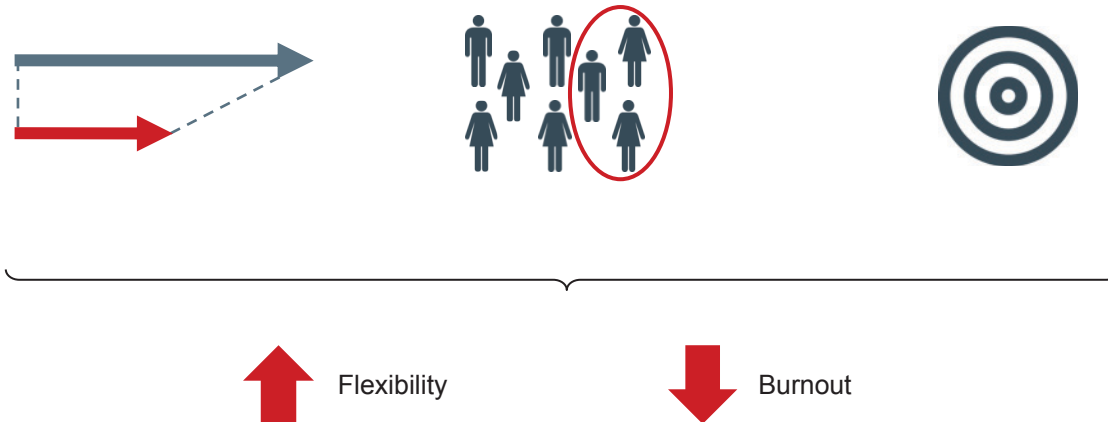
## Scaling Back Traditional Practices to Increase Sustainability

### Modified Campaign Components

Smaller Project  
Shorter Timeline

Delegated Staffing  
Scoped Volunteer Involvement  
No External Counsel

Targeted Donor Strategy  
Streamlined Communications



Source: Philanthropy Leadership Council interviews and analysis.



# Owning All Parts of the Process

Mini-campaigns also downsize in two expensive and often time-consuming areas: use of external consultants and feasibility studies.

Some mini-campaigns are launched for an immediate, definitive need, so an extensive community assessment is not warranted. If the campaign is donor-driven, with the lead donor secured at inception, then only an internal review of the prospect pool is required. The internal priority selection process replaces the necessary components of a counsel-conducted feasibility study.

Similarly, foundations are not utilizing outside consultants to help manage mini-campaign execution. Rather, because of the downsized scope of such campaigns, existing staff are able to carry them out. The scaled back volunteer structure, which fosters one-on-one collaboration between high-value volunteers and staff, eliminates the need for outside management resources.

The remainder of this book assists the internal campaign manager in executing these steps.

## Downsized Volunteer, Donor Strategies Eliminate Consultant Needs

Traditional External Counsel Roles	Translation in a Mini-Campaign
• Donor and prospect interviews	• Donor-instigated campaign where lead donor is secured at campaign inception; prospect pool evaluated internally by mini-campaign manager
• Board cultivation and stewardship	• Board only participates if campaign aligns with personal interest; energies and gifts reserved for subsequent larger campaigns or other interests
• Cabinet member identification and recruitment	• Cabinet model reduced; leaders selected by mini-campaign manager, CDO
• Testing case with community members	• Lead donor, and volunteer leaders can assist in case vetting; clinicians can assist with case development
• Volunteer management	• Downsized volunteer structure, filled exclusively with high-value volunteers, requires less intensive management, fosters one-on-one work with staff
• Managing campaign operations	• Campaign responsibilities given to lead fundraisers; staff members own campaigns

Source: Philanthropy Leadership Council interviews and analysis.





## Six Critical Mini-Campaign Decision Points

- 1 Priority Selection
- 2 Timeline
- 3 Volunteers and Allies
- 4 Donor Strategy
- 5 Communication Strategy
- 6 Campaign Management

## Step 1: Isolate Concrete Campaign Priority

Mini-campaigns are a flexible strategy that can be used for almost any priority, be it capital, programmatic, or endowment. Mini-campaign priorities may start at the executive table, be driven by others at the institution (such as clinicians), or be suggested by donors.

Regardless of how a priority evolved, it needs to be a definitive part of the hospital's strategy. Due to the quick launch and shortened timeline, there is no room for priorities to shift in the course of the mini-campaign.

The goal for funds raised in a mini-campaign will be a smaller amount than in a typical campaign, although there is no standard goal amount that defines a mini-campaign. Rather, the funding threshold varies based on the type of project, the potential prospect pool, and a foundation's prior campaign goals and fundraising history.

This section will prepare campaign managers to be part of the priority selection process to help ensure projects are properly vetted before launching into campaign mode. Additionally, it will prepare mini-campaign managers and MGOs to identify major gifts, donor interests, or physician projects that could be converted into a mini-campaign.

### Mini-Campaigns Suitable for Myriad Priorities, Driving Forces

#### Sampling of Identified Mini-Campaigns

Mini-Campaign Priority	Source	Goal Amount
Multiple myeloma endowed research chair	Donor-driven, clinician-approved priority and campaign	\$3 M
Hospital building renovation	Donor-driven strategy; priority driven by hospital strategic plans	\$20 M
Consolidated heart and vascular center	Foundation-driven strategy and priority identification process	\$2.75 M
Oncology calypso system	Foundation-driven strategy; mini-campaigns run for hospital strategic service line priorities	\$400 K
Cardiovascular services	Foundation-driven strategy; clinician-driven priority	\$1 M - \$1.5 M
Children's medical center	Foundation-driven strategy; priority driven by hospital strategic plans	\$3 M

Source: Abington Health Foundation, Abington, PA; Anne Arundel Medical Center, Annapolis, MD; Bakersfield Memorial Hospital Foundation, Bakersfield, CA; LifeBridge Health, Baltimore, MD; Overlake Hospital Foundation, Bellevue, WA; Philanthropy Leadership Council interviews and analysis.

## Step 2: Conduct Upfront Review of Donor-Inspired Priorities

Mini-campaigns offer a new opportunity for priority selection: a volunteer-driven mini-campaign in which a grateful patient or volunteer suggests a suitable fundraising priority.

For example, at one institution, a patient wanted to express his gratitude for his care through a donation, and his physician suggested a creating an endowed chair for multiple myeloma.<sup>1</sup> The physician and development office conducted an initial assessment of mini-campaign potential and the donor's interest, and then formally vetted the priority, ultimately launching a \$3 million campaign.

The opportunity for donor-driven campaigns is particularly of note for MGOs, who are on the front line with donors. While traditional campaigns are typically proposed by the CDO with hospital executives, MGOs can bring donor-driven campaign ideas to the table. They can also be on the lookout for physician projects that lend themselves to mini-campaign structures.

The criteria at right provide a checklist for MGOs to use when donor priorities are initially surfaced, to determine whether they could be a viable mini-campaign and are worth proposing to the CDO and other leaders.

### Encouraging Ongoing Frontline Priority Identification



#### MGO Checklist for Donor-Driven Priorities

- Lead donor(s) identified
- Prospective volunteer champion(s) identified
- Prospective lead donor/volunteer champion has personal networks/links to broader prospect pool
- Project is a strategic priority for hospital or idea can be vetted by executives to ensure strategic priority alignment
- Project will not take donors away from other previously identified priorities and campaigns
- Potential for broader interest from other donors, volunteers
- Clinician supportive of identified project, will help draft case, will help identify grateful patients

1) Canadian Hospital Foundation (pseudonym)

## Step 3: Ensure Completion of Formal Vetting Process

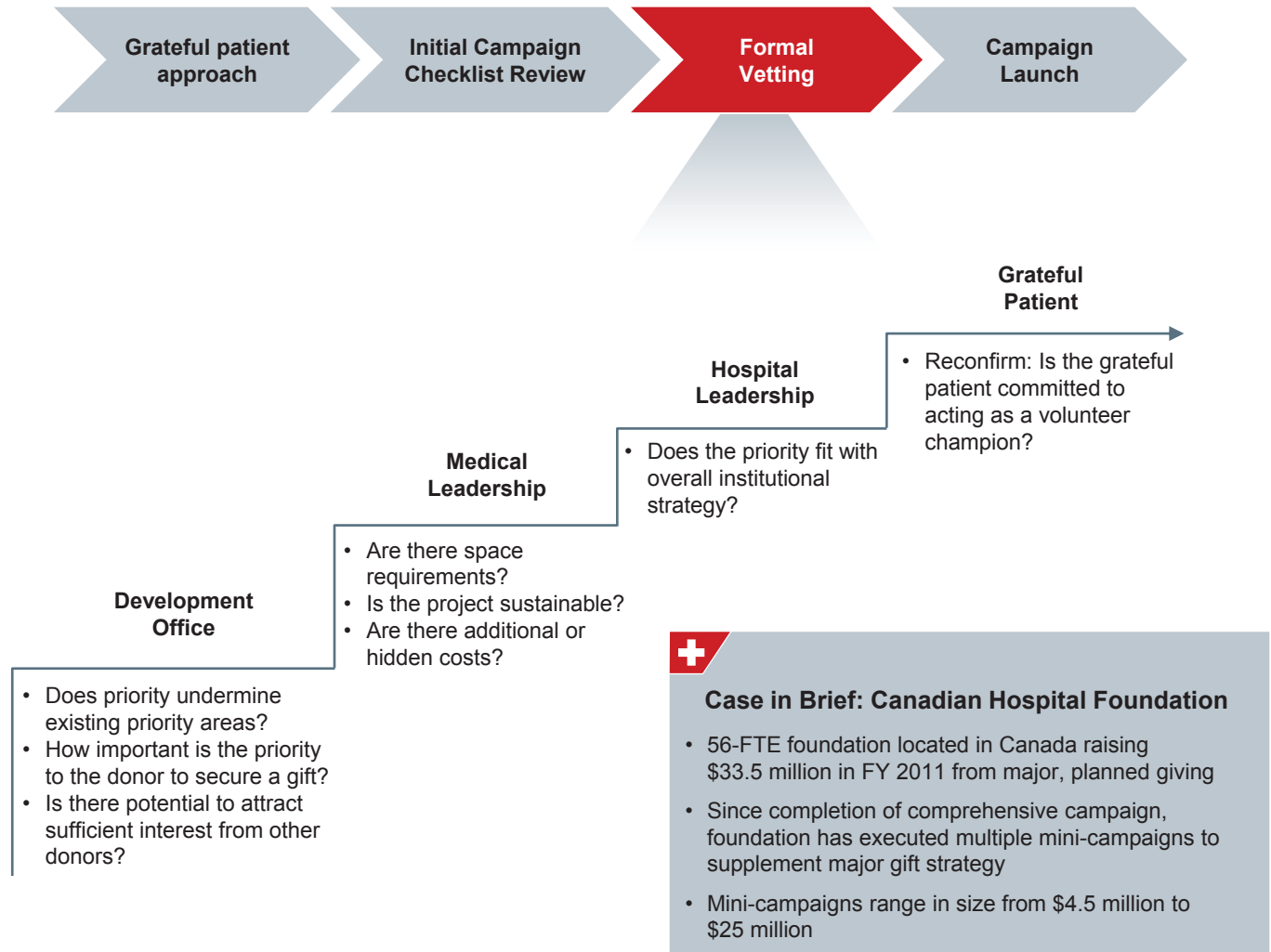
Once a prospective mini-campaign priority has been identified, it needs to go through a formal vetting process with hospital leadership to ensure it has the necessary hospital, development, donor, and clinician support. At right are the suggested vetting process steps for externally driven priorities. The order of these steps can vary depending on the person to whom the idea was initially proposed and the institution's internal communication channels.

For example, at Canadian Hospital Foundation,<sup>1</sup> the development office first obtained sign-off for the mini-campaign from clinical and executive staff. The development office followed, when they assessed the priority's potential to attract sufficient interest to merit a mini-campaign. Lastly, they reconfirmed with the grateful patient that he would both give the lead gift and commit to being the campaign's volunteer champion.

While this vetting process may slightly extend the time-to-launch, the up-front energy and time used to approve a donor-driven mini-campaign is repaid during the execution phase.

One of the benefits of mini-campaigns is that this process can occur in real time; campaign owners do not need to wait until the annual development planning process to propose and review ideas. With the proper vetting process in place, development officers can act on a donor's interests in the moment and react quickly to capture those gifts when the donor's enthusiasm is piqued.

### Real-Time Approval Process for Externally Driven Priorities



1) Pseudonym.

Source: Philanthropy Leadership Council interviews and analysis.

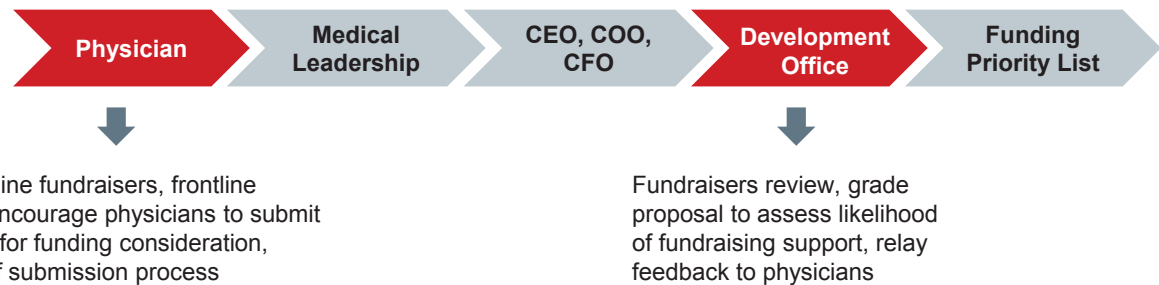
## Step 4: Encourage a Clinician Priority Pipeline

In addition to donor-driven projects, mini-campaigns are also well suited to fulfilling physician priorities. This is a particularly valuable source if the funding priority pipeline is lacking. As with donors, MGOs and other fundraisers are well positioned to encourage physician-proposed projects, as they are on the front lines listening to conversations between physicians and grateful patients. By demonstrating a mini-campaign's impact on clinicians and educating them about philanthropy's role at the hospital, development officers can build a baseline of trust that will foster clinician-driven priorities.

When encouraging internally driven projects, a process must be in place to manage the potential influx of physician proposals. At Children's Hospital Los Angeles, the development office created a standardized process to evaluate physicians' projects and determine which ones were suitable for campaigns.

Mini-campaign owners have many opportunities to be involved in this process by communicating the opportunity to clinicians, actively listening for potential projects that should be submitted, participating in the evaluation process, and giving feedback to physicians to help guide future submissions or to launch accepted campaigns.

### Approval Process for Internally Driven Projects at Children's Hospital Los Angeles



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**Case in Brief: Children's Hospital Los Angeles**

- 90-FTE development office raising \$114 million in FY 2011; supports 280-bed specialty hospital in Los Angeles, California
- Eight-year, \$1.032 billion comprehensive campaign, "The Living Proof Campaign for Children's Hospital Los Angeles," ended June 2011
- Campaign included "Emerging Programs" category for donor-driven priorities surfaced across campaign

### Physician-Driven Projects Assessment Worksheet

Criteria	Score (1-5)
Well-written, clearly defined case for support	4
Reliable, actively engaged physician leadership	3
Known volunteers to lead fundraising support	4
Known donors with capacity to give	2
Development staff assigned to program area	3
<b>Total</b>	<b>16</b>

**📖**

For more information on physician engagement in philanthropy, please review our previous publication, *Prescription for Success*, available at [www.advisory.com/plc](http://www.advisory.com/plc)

Source: Children's Hospital Los Angeles, Los Angeles, CA; Philanthropy Leadership Council interviews and analysis.

## Step 5: Select Shorter Execution Timeframe

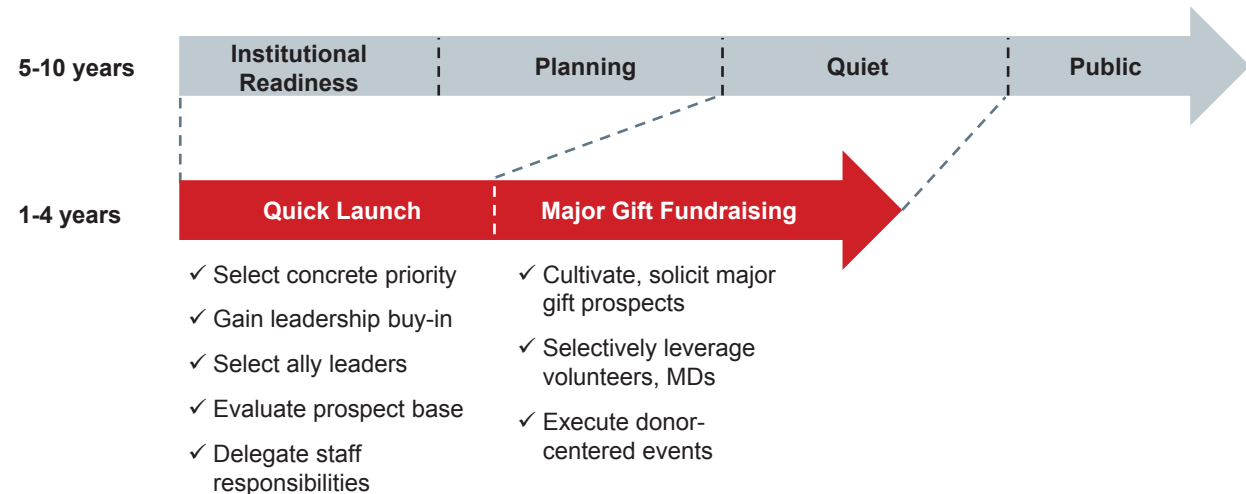
The mini-campaign drastically changes the traditional campaign's typical cycle phases. The mini-campaign timeline is not shortened by condensing all the standard phases of a campaign. Rather, the mini-campaign eliminates and consolidates activities from various phases.

While careful consideration of institutional need for the priority and fundraising office capability still occurs, the evaluation of overall institutional readiness to run a campaign is virtually eliminated, as broad feasibility studies are unnecessary for campaigns of this size. The long process of building a campaign cabinet is shortened into selective ally recruitment. Select staff are quickly deployed to run the campaign.

After the foundation is laid, fundraising begins immediately. The primary phases of a typical campaign, quiet and public, are reduced to one stage inclusive of all campaign fundraising activities. While the progression of gifts remains the same—starting with the lead and other significant gifts—the entire campaign is composed of similar major gift fundraising. Direct mail and annual appeals for broader public campaign support, as well as the customary “public launch” celebration, are not required.

Like the goal amount, there is no timeline that definitively qualifies a mini-campaign. Mini-campaigns identified in our research ranged from one to four years, and length depended on type and urgency of project, the prospect pool, and the campaign manager's experience.

### Translating the Traditional Campaign Cycle to Two Phases





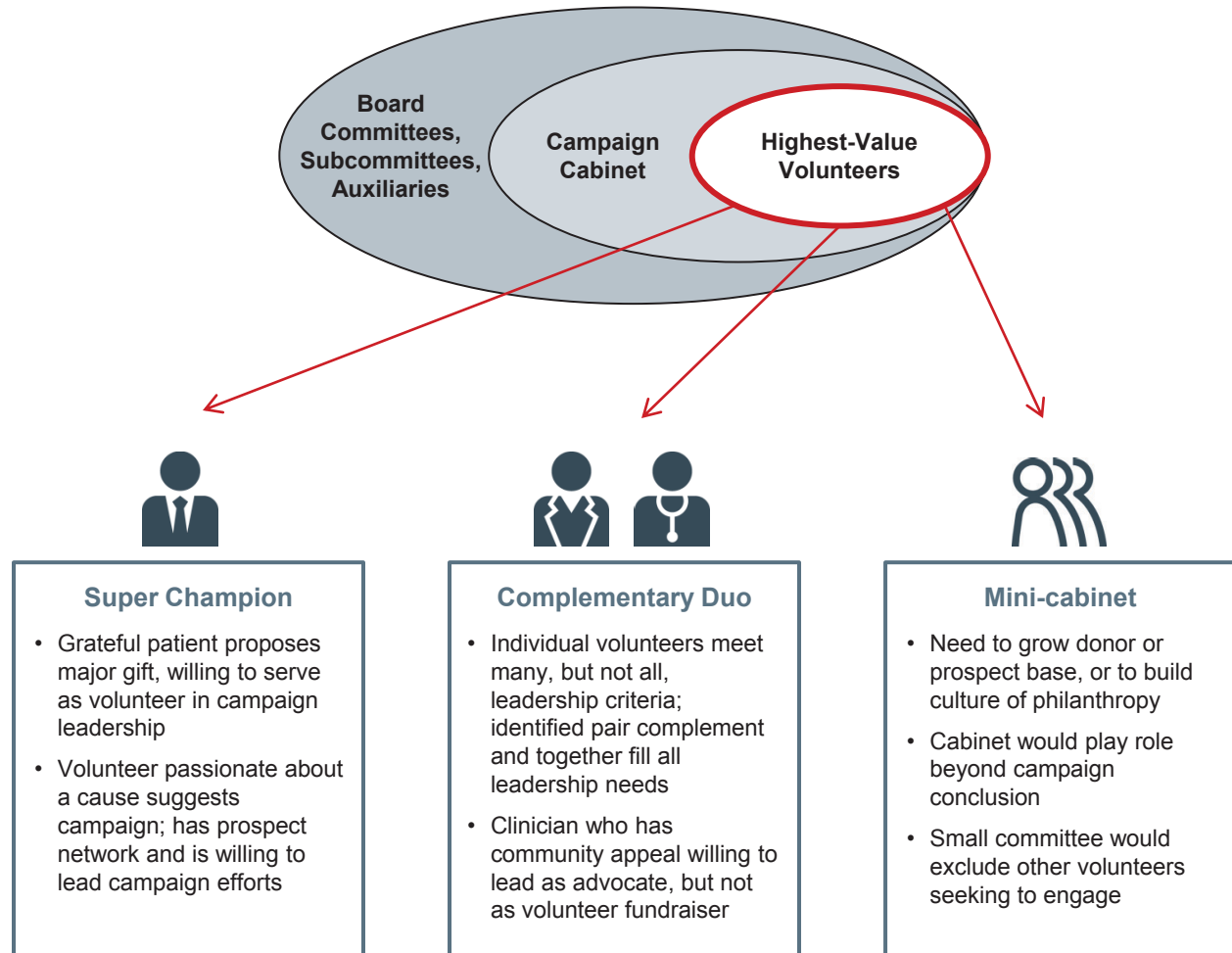
## Step 6: Engage Select Ally Leaders

Mini-campaigns enable a more targeted approach to volunteer management to optimize volunteers' engagement and reduce burnout. While full-fledged campaign cabinets expand the prospect network and secure gift commitments from cabinet members, the cabinets can be burdensome for staff. Significant staff time and energy is consumed identifying and forming the committees, in addition to managing meetings and individuals' activities. The mini-campaign downsizes cabinet structure to alleviate the burden of volunteer management on staff and to increase agility; foundations can act more quickly when liaising with a few volunteers than with an entire committee.

Trimmed volunteer involvement also reduces their burnout. Particularly if a foundation has a limited volunteer pool, or if it recently completed a large traditional campaign, a minimized cabinet structure allows volunteers to recharge while a select few work on the mini-campaign. Simultaneously, if some volunteers desire to always be working in campaign mode, the mini-campaign provides a project for them between larger initiatives.

The limited number of volunteer slots in mini-campaigns necessitates greater scrutiny in selecting high-value volunteers. The following pages present three volunteer models and recruitment criteria. When running simultaneous mini-campaigns, foundations may choose not to use the same volunteer model across all—the volunteer structure can be customized for each campaign's needs.

### Volunteer Strategy About Quality, Not Quantity



Source: Philanthropy Leadership Council interviews and analysis.

## Model A: The “Super Champion” Volunteer

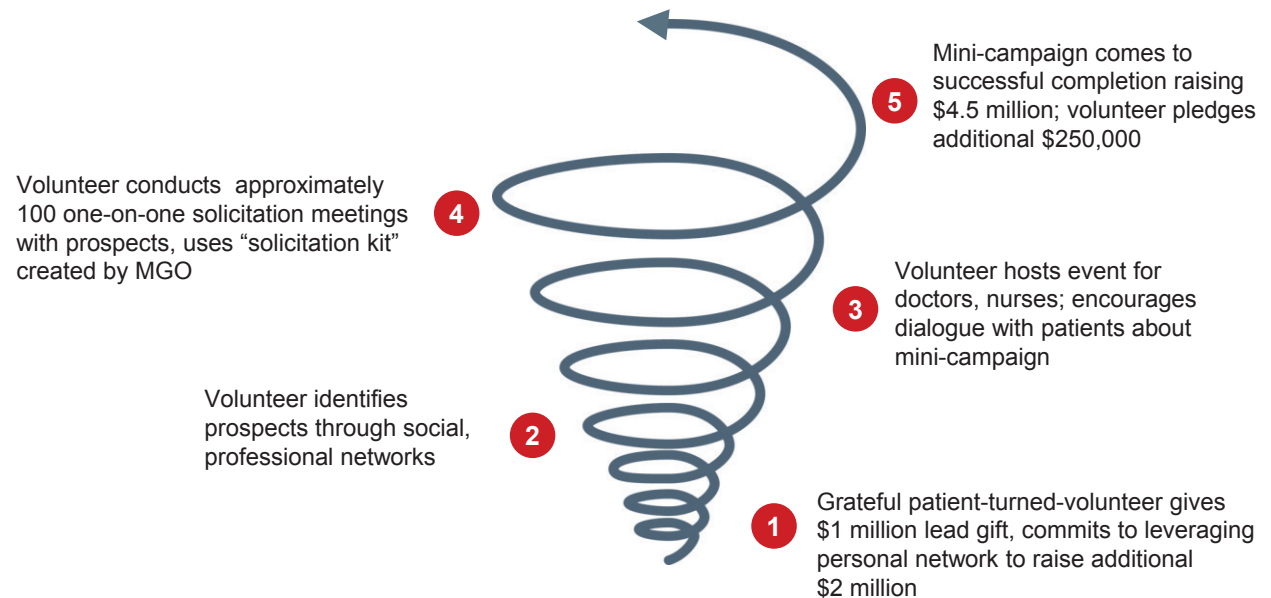
Mini-campaigns can run with just one volunteer champion. As the experience of one institution attests, when a grateful patient was told that his gift offer had generated a new campaign proposal to fund a new position at the hospital, the grateful patient agreed to not only make the lead gift, but also lead the campaign.

Mini-campaign managers must carefully evaluate and select their “Super Champion.” First, the volunteer ideally will be capable of making the lead gift. Second, he or she should be willing to share contacts and/or work with development to build a prospect base. Third, he or she should be willing to act as the volunteer champion and carry out fundraising duties, such as setting up prospect meetings, hosting and attending events, and conducting one-on-one solicitations. Lastly, the champion ideally will be personally vested in or have a strong attachment to the campaign project.

A likely source for this volunteer champion is a grateful patient with capacity. Thus, good development-physician communication and understanding is critical, and patient wealth screening is recommended to help uncover potential donors.



### Virtuous Cycle of the Grateful Patient-Turned-Champion



Source: Canadian Hospital Foundation (pseudonym); Philanthropy Leadership Council interviews and analysis.

## Model B: Complementary Volunteer Duo

In a dual volunteer chair model, two volunteers serve as the mini-campaign “champions” with no additional volunteer infrastructure. As in the single-volunteer model, this structure’s success hinges on effective volunteer identification and recruitment.

This is an optimal model if a foundation has one volunteer who screens for many, but not all, of the desired leader qualities. At Bakersfield Memorial Hospital Foundation, the CDO identified two prospective volunteers who together had all of the qualities she desired in her campaign leadership. One was a community-based pediatrician with privileges at, and a long history with, the hospital; he also had a strong attachment to the project. The second was a well-known businessman in the community who had served on other local boards and was a hospital board member. While neither had lead gift capacity, they both had social and professional networks through which to refer prospects, which the CDO found more valuable.

A complementary duo enables the campaign manager to leverage each of the volunteers’ talents accordingly without forcing a semi-qualified leader into roles for which he is not suited. This model is particularly effective if there is no single volunteer with all desired leadership qualities, or if the foundation needs to expand its prospect reach and community connections without building an entire cabinet.

### High-Functioning Co-chairs Replace Campaign Cabinet

Desired Attributes	Co-Chair 1 (Practicing Pediatrician)	Co-Chair 2 (Business Leader)
Emotional attachment to project	✓	
Fundraising experience		✓
Long-term relationship with Bakersfield Memorial	✓	
Connections with business community		✓
Connections with physician community	✓	
Strategically minded	✓	✓
Lead gift capacity		

#### Bakersfield Co-Chair Responsibilities

- Communicating case for support
- Identifying prospects
- Discussing cultivation strategy
- Attending prospect tours



#### Case in Brief: Bakersfield Memorial Hospital Foundation

- Five-FTE foundation raising \$1 million in FY 2011; supports 418-bed hospital located in Bakersfield, California, part of 40-hospital Catholic Healthcare West system
- In FY 2012, was executing Children’s Medical Center Initiative with “soft” goal of \$3 million
- CDO limits “campaign cabinet” to two volunteer co-chairs with varying though complementary experience and skills
- Neither co-chair played significant leadership role in recently completed \$5.4 million capital campaign

Source: Bakersfield Memorial Hospital Foundation, Bakersfield, CA; Philanthropy Leadership Council interviews and analysis.

## Model C: Mini-cabinet

While typically a handful of volunteers is all that is necessary to run a successful mini-campaign, there may be a case for expanding the volunteer base to a larger group. Foundations may want to build a small, manageable campaign cabinet if they do not have one standout leader; if they need to build a network of potential volunteers, donors, or prospective board members; or if they need to educate volunteers about campaign roles prior to launching into a larger campaign. A full committee may also be necessary if there is significant volunteer interest such that limiting involvement would shut out high-impact volunteers. Lastly, a permanent cabinet may be desirable if the committee will serve a long-term purpose, such as continuous fundraising for a service line.

At Overlake Hospital Foundation, the emerging foundation needed to solidify relationships with internal allies and expand its donor pipeline. The CDO created a 10-person mini-campaign cabinet with board members, donors, and physicians to build ally engagement and expand the pipeline through the committee members' social networks.

While a cabinet requires more staff time, the burden and burnout will be minimized due to the reduced length of volunteer involvement and expectations. Nevertheless, staffing needs to be adjusted accordingly to account for increased volunteer management.

### Recruiting a Volunteer Army to Build Donor, Prospect Base

**Overlake  
Hospital Foundation**

*Strategic Issue:*

- Follow donor pipeline
- Need to build up board and create base of other volunteers
- Campaign for new bed tower on the horizon

*Fundraising Program Needs:*

- Increase grateful patient referrals from physicians
- Identify prospects in untapped social, business networks
- Conduct cultivation events
- Reignite donor base



#### Mini-Campaign Heart and Vascular Committee



10 committee members, including:

- Major donors
- Board members
- Physicians

Responsible for:

- Identifying prospects
- Telling story
- Strategizing
- Cultivation events
- Attending minimal number of group meetings



#### Case in Brief: Overlake Hospital Foundation

- Nine-FTE foundation raising \$2.8 million in FY 2011; supports 307-bed hospital located in Bellevue, Washington
- Upon VP's arrival, office lacked fundraising priorities, robust prospect pool, strong culture of philanthropy among internal allies
- Launching large capital campaign deemed premature; instead, VP launches series of four mini-campaigns to strengthen fundraising
- VP creates focused mini-campaign cabinets with physicians, volunteers; primary function is to help expand prospect base through social network, grateful patient referrals

Source: Overlake Hospital Foundation, Bellevue, WA; Philanthropy Leadership Council interviews and analysis.

## Step 7: Scale Back Board Member Expectations

Unlike traditional campaigns, where board members are all expected to advocate for and financially support the campaign, mini-campaigns do not require full board involvement. Their energies and gifts can be preserved for a future big campaign or for the mini-campaign in which they are personally vested.

Asking board members to meet a lower involvement threshold not only reduces board member campaign burnout, but also saves valuable staff time and energy otherwise spent trying to foster and ensure board involvement—one of the greatest cited sources of campaign fatigue among CDOs.

### Preserving Board Engagement and Giving for the Future

#### Board Role, Traditional Campaign

Engage in decision process to launch campaign; pledge support prior to kickoff

All required to make donation to campaign

All serve as partners in prospect strategy; expected to network and identify, cultivate potential donors

Serve as community ambassadors to spread campaign word

#### Board Role, Mini-Campaign

Only involved in initial planning if acting as lead volunteer or donor

No defined giving expectations; directly solicit those with aligned interests

Attend donor cultivation meetings for campaign priorities that align with personal interest

Be prepared with campaign “elevator pitches” to ensure ability to speak about campaign when asked

## Step 8: Engage Clinicians Directly with Scoped Role

While board involvement is lessened, mini-campaigns foster more direct physician engagement. Mini-campaigns often involve a clinical priority that directly impacts physicians, such as equipment purchase, service line operations, a research initiative, or an endowed position.

Physicians may have been brought to the table in the priority identification process. If not, mini-campaign managers should enfranchise them to help build the case, identify grateful patients, cultivate donors, and communicate gift impact. The physician's perceived burden of providing this assistance will be outweighed by the outcome: a successfully funded project that directly impacts their work.

Anne Arundel Medical Center Foundation development officers so successfully engaged physicians in mini-campaigns that those not involved expressed disappointment; development staff capitalized on this opportunity to educate and engage these clinicians for a potential future project. Fundraisers found that clinicians were more interested in mini-campaigns because the priorities aligned closely with the clinicians' interests, and they truly felt the impact of campaign success. Additionally, mini-campaigns required a smaller commitment from clinicians, because campaign meetings were kept to a minimum, overall campaign length was shorter, and there was less buildup and publicity that could be distracting and burdensome.

### Promoting Campaign Benefits to Encourage MD Involvement



#### Physician Engagement Talking Points<sup>1</sup>

- **Capture Interest:** Frame mini-campaign as a potential clinician project funding vehicle; explain concrete limit of campaign scope and timeline
- **Scope Role:** Emphasize centrality of physician involvement to mini-campaign success; outline clear prospect identification, cultivation, and stewardship responsibilities
- **Use Physician Strengths:** Ask to discuss their clinical services and personal expertise with prospects and donors
- **Educate:** Discuss fundraising efforts apart from mini-campaigns; encourage identification and referral of grateful patients



#### Case in Brief: Anne Arundel Medical Center Foundation

- 10-FTE foundation raising \$12.3 million in FY 2011; supports 336-bed medical center located in Annapolis, Maryland
- Recently completed \$44 million campaign; due to lack of concrete capital priorities, CDO launches service-line-oriented mini-campaigns to maintain revenue at campaign levels
- Clinical leaders assist in uncovering operational, programmatic needs; senior clinical leaders attend foundation's strategic planning retreat to vet potential mini-campaign program areas; CDO meets with heads of relevant service lines to discuss "wish list" of priorities for each mini-campaign

1) Anne Arundel Medical Center Foundation, other interviews and analysis

Source: Anne Arundel Medical Center Foundation, Annapolis, MD; Philanthropy Leadership Council interviews and analysis.

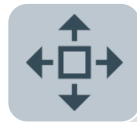
## Step 9: Intensify Approach on Focused Donor Pool

The modified project scope and timeline of mini-campaigns necessitate a change in donor strategy, both in terms of who is targeted and how those donors are engaged.

Mini-campaigns entail four main modifications to donor strategy: extending to mid- and lower-level donors, increasing solicitation frequency, cross-selling initiatives, and extending stewardship tactics to all levels. These changes appeal to the evolving donor base and current donor desires for shorter-term gifts, more information, and very direct involvement and impact.

Additionally, homing in on and cultivating this new target donor base benefits the foundation, as it helps not only to grow the overall pipeline, but also to broaden interests among existing donors to new priorities and move the lower- and mid-level donors up the pyramid.

### Appealing to Changing Donor Psyches with Mini-Campaign Strategy



#### Extend to Mid- and Lower-Level Donors

- Alleviates burnout of over-tapped major gift donors, reserves them for larger campaigns or hospital needs
- Enfranchise lower-level donors to flesh out the pipeline for future major gifts



#### Increase Frequency of Solicitations

- Appeals to donor hesitancy to make long-term financial commitments
- Donors enjoy project selection flexibility provided by not being locked into one long-term pledge
- Donors seek to see immediate project impact



#### Cross-Sell Priorities and Maintain Dynamic Project Pipeline

- Donors enjoy giving to different priorities and having broader impact, touching several different projects
- Donors seek to be kept informed of hospital plans and upcoming priorities



#### Expand Stewardship to All Tiers

- Shorter project completion timeline generates more opportunities for updates, quicker completion report
- Mid- and lower-level donors appreciate recognition typically given to major gift donors



## Tactic I: Extend to Mid- and Lower-Level Donors

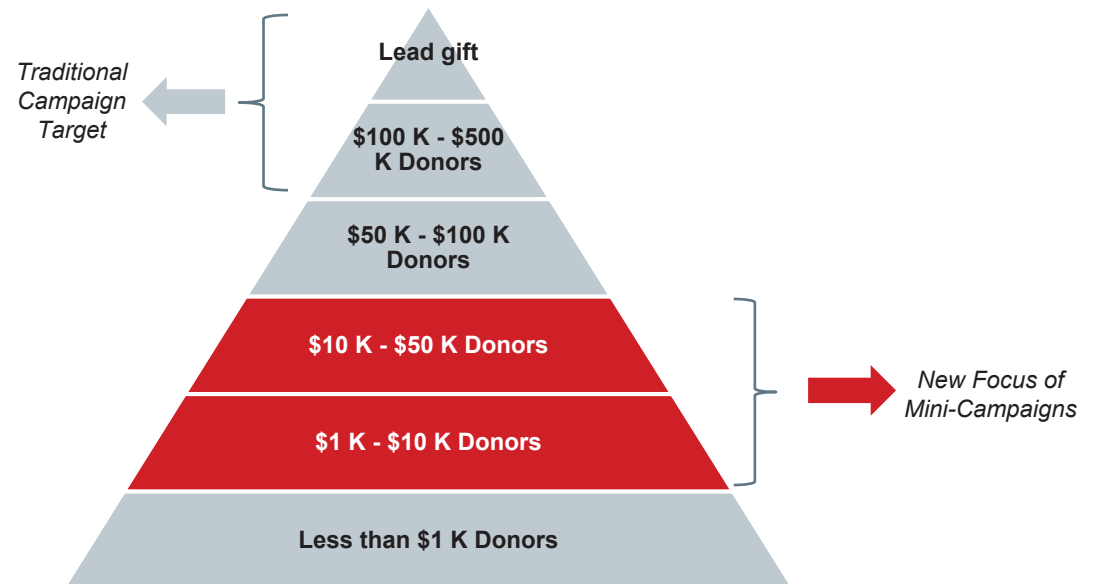
Since gifts to mini-campaigns are not of the transformational level, a new pool of donors become viable prospects. Mini-campaign managers can focus on mid- and lower-level donors, reserving the top tier for larger campaigns and more costly hospital needs. A broad appeal, where the cost to raise a dollar is higher, is also eliminated.

At LifeBridge Health, foundation officers tap into their grateful patient program to identify \$1,000 to \$10,000 prospects for their mini-campaign priorities. Similarly, foundations can look at their annual fund donors above a certain level for campaign prospects. Once identified, the same personalized cultivation tactics used with major donors in large campaigns are employed with this new pool in mini-campaigns.

Since the total goal of a mini-campaign is lower, these mid- and lower-level donors can make a gift that holds greater significance than in a traditional large campaign. This greatly appeals to donors who desire to see the direct impact of their donations.

This strategy not only fulfills immediate mini-campaign funding needs, but the downstream effects on the prospect pool are great: many newly engaged lower level donors will eventually migrate to the high tiers.

### Extending Campaign Reach to Lower-Tier Donors



#### Mid-Level Donor Sources

- Grateful patient program leads
- Wealth screening-identified prospects
- Annual fund donors who have given above a certain threshold, or who make yearly contributions above a certain threshold (threshold varies by institution)
- Young/next-generation donor groups



#### Case in Brief: LifeBridge Health

- 14-FTE development office raising \$20.6 million in FY 2011; supports three-hospital health system based in Baltimore, Maryland
- Feasibility study conducted in anticipation of major campaign convinces VP of development to adopt mini-campaign approach
- Study reveals fewer lead donors than anticipated; donors express desire to give to various priorities, reluctance to give large, multi-year campaign pledge

Source: LifeBridge Health, Baltimore, MD; Philanthropy Leadership Council interviews and analysis.



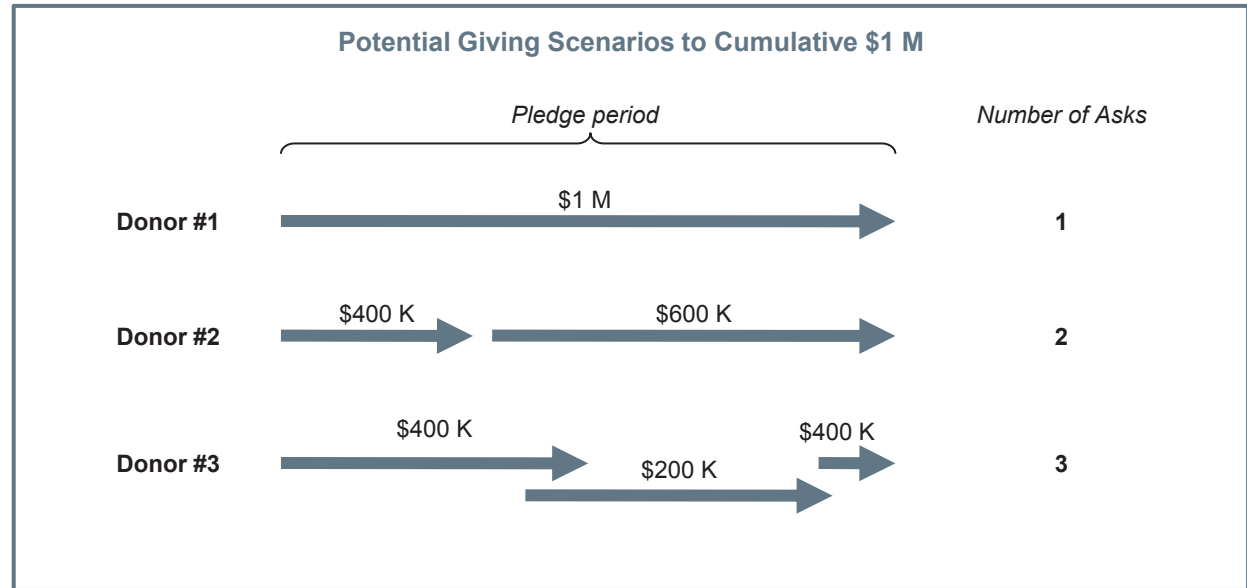
## Tactic II: Increase Frequency of Solicitations

Big campaigns with large gifts often have major donors on pledge for long periods of time, preventing additional solicitations and resulting in a stagnant donor pipeline. In mini-campaigns, the “big” gifts tend to be of lower dollar amounts than in traditional campaigns, with shorter pledge periods that vary in length. This enables shortening the time to the next solicitation. While the average gift size might decrease, time between solicitations is also reduced, and therefore total earned revenue ultimately stays the same.

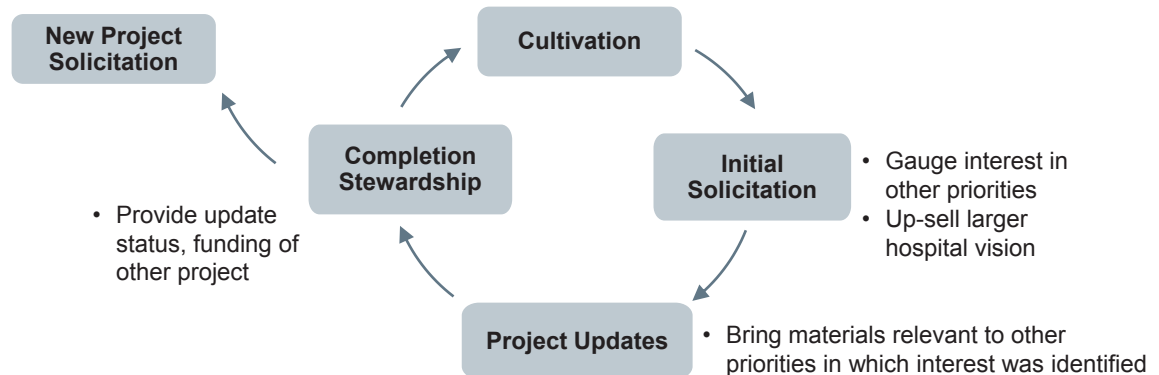
By running mini-campaigns at LifeBridge Health, gift officers have increased the frequency with which they solicit donors for different projects and have even asked donors to support one mini-campaign while still on pledge for a different project. In doing so, they have reduced reliance on transformational gifts, enabled a consistent stream of funds, and created a donor expectation of continuous giving.

Thus far, donors have responded positively to this strategy. More frequent asks appeal to their post-recession hesitancy to make larger and longer financial commitments. Donors also desire funds to be put to immediate use and then see the direct impact of their gifts.

### More Frequent Asks Yield Same Total Giving



### Accelerating Additional Priority Solicitations



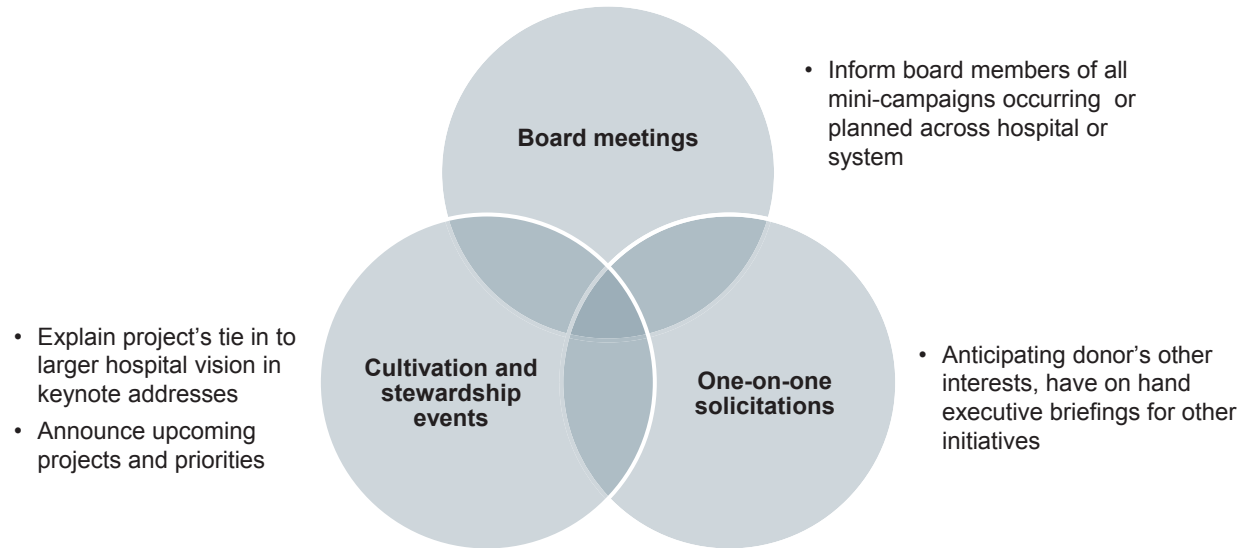
## Tactic III: Cross-Sell Priorities and Maintain Dynamic Project Pipeline


Since several mini-campaigns can run simultaneously, along with a pipeline of upcoming projects, mini-campaigns present an opportunity to broaden donors' interests to numerous priorities.

Instead of relying on donors to self-identify their interests, development officers at LifeBridge Health strategically offer new projects to donors on a regular basis. For example, the CDO cross-sells the mini-campaign priorities at system affiliate board meetings, so board prospects are aware of the funding opportunities across all sites. While the CDO does not expect all donors to be interested in giving to multiple campaigns, this ensures no opportunities to spark new donor interests are not missed.

Alternately, in one-on-one donor meetings and at cultivation and stewardship events, campaign managers or ally leaders can announce new and upcoming projects to sustain donor interest in hospital activities. By stewarding more frequently, officers can gauge donors' interests in other areas and bring appropriate materials to subsequent meetings.

### Opportunities to Cross-Sell Mini Campaign Projects



 **Cross-Selling Prerequisites**

- **Ensuring project pipeline:** Mini-campaign managers must help identify grateful patient gifts, clinician priorities that lend themselves to the mini-campaign structure
- **Staying informed:** Campaign managers must stay abreast of other simultaneously run campaigns led by their peers and future projects in the pipeline

## Tactic IV: Expand Stewardship to All Tiers

Unlike other downsized campaign components, mini-campaign managers need to steward donors as much as they would in a traditional campaign, but across a much shorter time period. Accelerated stewardship is essential to this revised donor strategy of expediting time-to-solicitation and presenting new projects on an ongoing basis.

Fortunately, this acceleration happens naturally in mini-campaigns. There are more frequent opportunities to provide updates to donors, and with quicker timelines, mini-campaigns provide the opportunity to show the final product and impact of the gift sooner than in a traditional campaign.

When flattening the donor pyramid, mid-level donors need to not only be cultivated as though they are major donors, but also stewarded as such. Major gift stewardship practices—which development offices already have in place—should be used for these donors. For example, LifeBridge Health offers an array of naming opportunities in its mini-campaigns and includes lists of gifts secured in its mini case packets. At Canadian Hospital Foundation, donor reports created for major donors are sent to mid-level donors as well.

By effectively communicating the impact of their gifts, foundations have a greater impact on—and increase likelihood of future gifts from—their mid-level donors.

### Extend Major Gift Stewardship to Lower-Level Donors

Menu of Stewardship Activities to Offer Mini-Campaign Donors	
<b>Packets/Donor Reports</b>	Craft personalized donor impact packets or reports. Strategy has great impact on those donors who would have typically just received a personalized letter or phone call. By using economies of scale and using reports that are already created for major gifts, then replicating for mid- and lower-level donors, development office saves resources while gaining huge donor impact.
<b>Naming Opportunities</b>	Create and offer campaign-related naming opportunities, and print in fashion that can be presented in donor solicitations. Updating regularly to show what opportunities have been funded and by whom provides recognition among peers and fosters community of giving.
<b>Recognition Plaque</b>	Create plaques for each mini-campaign to be displayed at the hospital. Recognize all contributors to each campaign on the plaque. Strategy works effectively for mini-campaigns that have no or limited physical naming opportunities.
<b>Appreciation Events</b>	Host small, intimate recognition events, such as a private tours or dinners with service line chairs. The events are used to communicate impact, rather than create publicity.

Source: Philanthropy Leadership Council interviews and analysis.

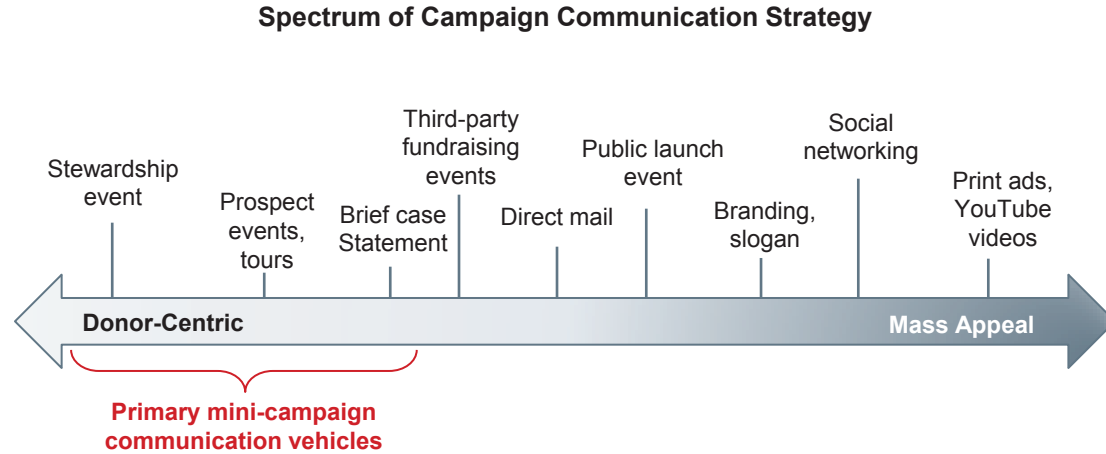
## Step 10: Take a Targeted Approach to Communications

Campaign communication strategy is typically large-scale and very public, aiming to build widespread enthusiasm. The mini-campaign, however, is about tapping into a targeted, select group of prospects, so communications are significantly scaled back.

There is a broad spectrum of possible campaign communications. The majority are centered around intimate cultivation and stewardship events, as well as downsized, personalized case materials. There is flexibility in which communication strategy to deploy, depending on institutions' needs, resources, and donor culture. For example, when running a mini-campaign for an initiative that appeals to next-generation donors, using social media may be advisable. However, this more public approach is still very targeted—a commonality across all mini-campaign communication strategies.

Generally, it behooves foundations to maintain a lower profile with the overall communication strategy. This allows for the urgency of a subsequent large campaign to be genuine. Additionally, it results in dramatic savings in material costs, as well as staff time and energy. Smaller-scale communications are also quicker and easier to deploy, enabling their agile, quick launch.

### Limiting Publicity to Donors and Active Prospects



**Mini-Campaign Communication Characteristics:**

- Targeted
- Personalized
- Quickly produced or executed
- Lower cost

**Optional Public Information:**

- Goal
- Timeline
- Naming opportunities

Source: Philanthropy Leadership Council interviews and analysis.

## Step 11: Downsize the Case Brochure

Case materials for mini-campaigns are very targeted, speaking only to the funding priority at hand. They give very specific information on the project and often do not expand on the larger hospital vision, leaving it for discussion only. The mini cases highlight for donors how their gift will have a direct—and typically immediate—impact on the specific project.

Unlike classic campaign case packets, mini-campaign case materials can be printed in house. They should be customized and refined for each donor meeting and updated as the project progresses.

At LifeBridge Health, the development office created two-page executive briefings for each of their mini-campaigns. The briefings include an overview of the project and the naming opportunities. Since the briefing is printed in house and can be revised as often as necessary, campaign managers update the naming opportunities listing as each gift is secured.

The executive briefings are consistent in appearance, which ensures the brand is easily recognizable as LifeBridge Health. This can be assuring to donors, as they see the connection to the respected parent organization. Consistent appearance also aids in cross-selling other projects to donors.

### Replacing Classic Case Statements with Mini Briefings

#### Sample Mini-Campaign Executive Briefing

**Levindale Hebrew Geriatric Center**

**The Herman & Walter Samuelson  
Children’s Hospital at Sinai  
Expansion and Renovation Initiative**

- Project description  
*One- to two-line explanation of what will be developed or built, who will be impacted, and how*
- Project Cost, Cost Breakdown
- Anticipated Funding from Philanthropy
- Amount Raised to Date
- Need / Rationale for Project  
*Includes brief description of current services / space and deficiencies, how the project changes and improves current offerings*
- Features of Renovation Project  
*Square footage, types of rooms, patient capacity*
- Impact of Donor Support
- Donor Recognition Opportunities
- Development Officer Contact Information

**Aligned formatting and branding promotes system awareness**

**In-house printing enables real-time updates on funds raised, available naming opportunities**



#### Artifact in Brief: Mini Campaign Executive Briefing

Please access the full version of the Executive Briefing from LifeBridge Health in the online appendix to this publication at [www.advisory.com/minicampaignplaybook](http://www.advisory.com/minicampaignplaybook).

Source: LifeBridge Health, Baltimore, MD; Philanthropy Leadership Council interviews and analysis.

## Step 12: Publicize Via Word-of-Mouth

With no official public stage or corresponding launch activities, publicity for mini-campaigns is dramatically reduced. Announcements in hospital communications, local press coverage, and public launch events are typically cut entirely.

Mini-campaign communications happen much more organically, often via word-of-mouth and networking. Although writing press releases is no longer necessary, mini-campaign managers do need to craft a statement for allies and volunteers to ensure they are properly informed of the campaign and share accurate information.

At Abington Health Foundation, the CDO crafted “elevator pitches” for trustees for each of the mini-campaigns. Board members used the pitches to speak with peers and community members about the fundraising initiatives. While the trustees were not expected to play a large role in publicizing the campaigns, if asked they were prepared to respond appropriately. This helped not only to spread the word, but also to ensure aligned messaging and to avoid dissemination of incorrect information. This verbal communication strategy replaced distribution of any formal case materials—a huge cost savings.

### Arming Trustees to Promote Campaign Initiatives

#### Sample Mini-Campaign Trustee Elevator Pitch

##### Vascular / Cardiac Hybrid OR

*2010 Blue Distinction Center for Cardiac Care by Independence Blue Cross.*

A Hybrid Endovascular Angiography Suite is capable of high quality central and peripheral vascular imaging and intervention. Without it, cardiac care at Abington Memorial Hospital would fall behind local and national centers.

Benefits:

- **Quality** – Precision, which means superior imaging and perfect device deployment
- **Safety** – Means less fluoroscopy time with lower radiation exposure for patient and surgical staff
- **Competition** – We will be staffed and equipped to compete with the region’s other big networks

An opportunity to add to the laparoendoscopy surgery suite and the daVinci Robotic System.

Cost: \$1.5 million



#### Case in Brief: Abington Health Foundation

- 11-FTE foundation raising \$9.7 million in FY 2011; supports two hospitals located in Abington, Pennsylvania
- Lacking major capital expansion plan, vice president of institutional advancement launches four service-line-oriented mini-campaigns
- VP assigns individual staff members to service lines
- VP creates “elevator pitches” for trustees for each mini-campaign service line



#### Artifact in Brief: Mini Campaign Elevator Pitches

Please access the full version of the Service Line Talking Points from Abington Health Foundation in the online appendix at [www.advisory.com/minicampaignplaybook](http://www.advisory.com/minicampaignplaybook).

## Step 13: Limit to High-Value, Low-Cost Events

Large-scale, very public events are rarely used in mini-campaigns. The shortened time frame is not conducive to event planning, and they can be a significant drain on the more limited staffing and volunteer resources.

Instead, more “public-facing” events are focused on identification and cultivation of prospects. Mini-campaigns lend themselves well to small, tailored events to cultivate donors, such as holding a lecture series on the particular service line, having a volunteer host a dinner party with a clinical speaker, or hosting a facility tour. Similarly, recognition activities can be downscaled to small dinners, visits to the project site, or meetings with the clinicians who will be using the funded project. Donors enjoy the personalized attention, and the intimacy also enables development officers and volunteers to get to know donors even better and kick-start their cultivation for other priorities.

Mini-campaign managers can also look for opportunities to piggyback on already existing events. The special events team organizes and executes the event as planned, but the mini-campaign can become the cause to which proceeds are donated.

The events plan may depend on chosen volunteer structure. For example, an organization using the mini cabinet, may have more cultivation parties hosted by volunteers; a super champion model lends itself to more one-on-one affairs.

### Bakersfield Memorial Hospital Foundation Mini-Campaign Events Strategy

#### Event #1: Exclusive Dinner for Highly-Targeted Cultivation

- \$25,000 donor asks development officers if she can do anything to leverage her gift
- Officers decide to hold an exclusive dinner that the donor would attend to help cultivate other gifts
- Officers carefully select prospects to invite, ask a prospect to host the dinner
- Dinner results in a seven-figure commitment from an invited prospect

#### Event #2: Wine Tasting to Broaden Prospect Pool

- Foundation board member offers to host a wine tasting at his home as a cultivation event
- Offer is accepted with decision to focus on children’s medical center mini-campaign prospects
- Mini-campaign’s clinician co-chair, a pediatrician who has community appeal, attends and speaks at the event
- Packets on the new children’s medical center initiative are distributed to guest prospects

#### Event #3: Golf Tournament Proceeds Directed to Mini-Campaign

- Hospital holds a long-standing, annual golf tournament fundraiser event
- During the children’s medical center mini-campaign, development office proposes that all tournament proceeds be directed to the campaign initiative
- Tournament still managed by special events staff and volunteers; does not become responsibility of the campaign staff or co-chairs

Source: Bakersfield Memorial Hospital Foundation, Bakersfield, CA; Philanthropy Leadership Council interviews and analysis.



## Step 14: Move Away From a Team Model

Large campaigns require an “all hands on deck” environment, involving the entire development office and often an external consultant. Mini-campaigns, on the other hand, are typically run by just one internal fundraiser without the use of counsel.

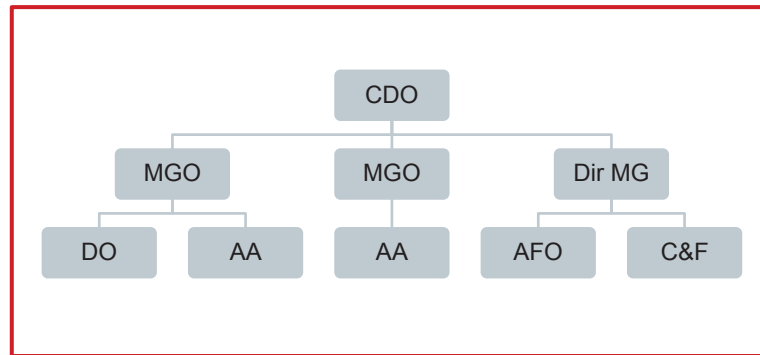
The mini-campaign manager may be the CDO, particularly in a small foundation, but often it is delegated to an MGO or other frontline fundraiser. Campaign management responsibilities are integrated into the selected manager’s existing job description. Their core job does not change, but this role builds on it.

The mini-campaign manager role can offer a unique stretch role and educational opportunity. For MGOs, it can provide a glimpse into the CDO’s roles—particularly in volunteer and ally engagement—or the chance to gain hands-on experience in other pieces of the development department, such as corporate relations. For annual fund officers, it can give a taste of the MGO role.

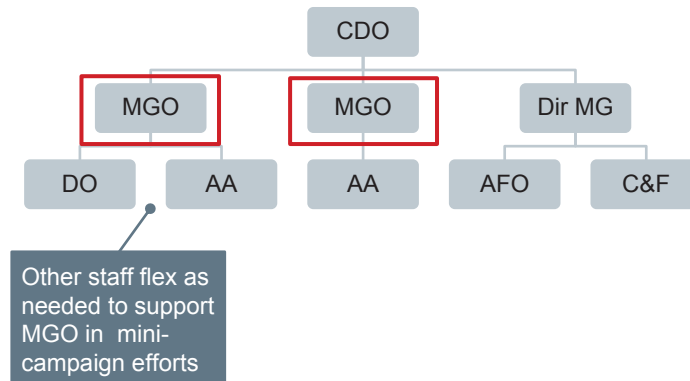
While mini-campaign managers, can tap into colleagues for assistance—and should not be working in a silo—they do need to be prepared to handle all aspects of the campaign.

### A Unique Opportunity to Own the Campaign

Traditional Campaign Staffing<sup>1</sup>



Mini-Campaign Staffing<sup>1</sup>



1) Illustrative structure

Source: Philanthropy Leadership Council interviews and analysis.



## Step 15: Own All Pieces of the Puzzle

For frontline fundraisers who are given mini-campaign oversight, the core of their job does not change: the crux of mini-campaign management is major gift cultivation and stewardship.

However, as detailed in the chart, the role expands beyond major gift strategy. The first row outlines those tasks that are already integral to MGOs' jobs. For the other areas listed, mini-campaign managers may have had some experience, but these campaigns require a deliberate and dedicated approach to these responsibilities.

The exact responsibilities will vary by campaign, depending on selected project, goal and length, and volunteer structure, but the tasks involved should be considered to be expected components of mini-campaign management. For further guidance and suggested practices related to each of these responsibilities, the Council's corresponding resources are listed and are available at [www.advisory.com/plc](http://www.advisory.com/plc).

### Broadening Job Scope in Mini-Campaign Management

#### Mini-Campaign Manager Role

Responsibilities	Description	Philanthropy Leadership Council Resources
<b>Prospect Manager</b>	<ul style="list-style-type: none"> <li>Maintain portfolio of major gift prospects</li> <li>Oversee planning of cultivation, stewardship events</li> <li>Remain primary solicitor for prospects in portfolio prior to mini-campaign</li> <li>Strategize and build donor pipeline</li> </ul>	<ul style="list-style-type: none"> <li><i>Top Relationships</i></li> <li><i>Enduring Relationships</i></li> <li><i>Strategic Pipeline Management</i></li> <li><i>Sustainable Fundraising Enterprise</i></li> </ul>
<b>Clinical Liaison</b>	<ul style="list-style-type: none"> <li>Attend department meetings or conduct individual meetings with clinical leads to uncover relevant priorities, information for mini-campaign</li> <li>Vet potential donor-identified priorities with appropriate clinical leader</li> </ul>	<ul style="list-style-type: none"> <li><i>Prescription for Success</i></li> </ul>
<b>Volunteer Manager</b>	<ul style="list-style-type: none"> <li>Set agenda for, lead volunteer meetings</li> <li>Outline clear expectations of volunteer role, offer relevant support to achieve responsibilities</li> <li>Hold volunteers accountable for completion of tasks</li> <li>Create, execute plan for board member involvement</li> </ul>	<ul style="list-style-type: none"> <li><i>Re-envisioning the Alliance</i></li> <li><i>Champion for the Cause</i></li> </ul>
<b>Campaign Strategist</b>	<ul style="list-style-type: none"> <li>Identify grateful patient gifts, other volunteer-driven opportunities to launch mini-campaign</li> <li>Identify opportunities to leverage other in-house expertise, fundraising channels to support mini-campaign, such as planned giving, events</li> </ul>	<ul style="list-style-type: none"> <li><i>Connecting Through Care</i></li> <li><i>Partnership for the Future</i></li> <li><i>Funding the Future</i></li> <li><i>Leaving a Legacy</i></li> </ul>


Source: Philanthropy Leadership Council interviews and analysis.



# Mini-Campaign Planning and Execution Worksheet

The Council has developed a mini-campaign planning and execution worksheet to aid managers in identifying potential priorities, evaluating their feasibility, and planning and carrying out the resulting campaigns. This electronic checklist addresses each of the modified components outlined in this playbook. It includes questions to address for each area and provides space to capture brainstorming ideas and action steps taken. The worksheet can be used to manage a single campaign, to compare vying priorities, or to capture future pipeline ideas.

Planning Questions	Proposed Priority #1	Proposed Priority #2	
Priority			
Source (donor, clinician, etc...)			
Included in hospital strategic plan? OR Plan for formal vetting?			
Goal amount set?			
Will project detract from other priorities?			
Potential for broader interest among other donors, volunteers?			
Clinician support (if applicable)?			
Projected timeline			

 **Online Worksheet**  
 To access this worksheet, please visit [www.advisory.com/minicampaignplaybook](http://www.advisory.com/minicampaignplaybook)

