

Honoree: _____

Phone: _____ Email: _____

Company: _____ Position: _____ Match? Yes No

Exposure to CF/CFF? _____

FUNDRAISING PLAN: **\$ Goal**

Make the Ask	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
Through the Gala	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
Host an Event	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
Find a Supporter	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	\$ Total	_____

Who's in your community of support?

- List 5 Family Members : _____

- List 5 Friends: _____

- List 5 Current or Former Co-workers: _____

- List 3 extra curriculums you're involved with: _____

- Who do you know that owns a business? _____

- Who is your Doctor?: _____
- Dentist? _____
- Veterinarian? _____
- Pest Control Company? _____
- Accountant? _____
- Financial Planner? _____
- Real Estate Agent? _____
- Insurance Agent? _____

What's your fundraising comfort zone? _____

Personal Goal:

Next Steps:

CHECK-IN DATE _____