To Give of Not to Give; Attributions of Philanthropy Motivation in Fundraising Letters

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Abstract

Bernard Weiner's work with attribution theory and help giving is used in this study to explore two research questions on communication in fundraising. First, the study looks at how communication from a cancer centre foundation effectively motivates their community and local philanthropists to give money to their program. The study also looks at how the donor's response motivates the foundation to continue to attract donations. Three hypotheses were made and tested. This study started with a textual analysis of appeal letters from a cancer centre. Letters, based on the textual analysis, were then created as the variables for the study and given to the students to read and respond to by a survey which accompanied the letters. The survey was responded to by 184 students in a freshman university class. Two of the three hypotheses were proven correct. A textual analysis of the appeal letters showed the adversity of cancer, while identifiable victims were found as being more motivational than statistical victims when used in appeal letters. Personal experience however was not found to be the number one reason students would be motivated to make a donation to cancer instead it is said that the donor cares about cancer.

Key Words: attribution theory, motivation, philanthropy, fundraising, donations, Bernard Weiner

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1. Introduction

Cancer is a disease that grows in the cells of the body and has become the leading cause of premature death in Canada (Canadian Cancer Statistics, 2007). Research done by the Canadian Cancer Society in partnership with the National Cancer Institute of Canada estimated 159,000 new cases of cancer would be diagnosed in Canadians, and 72,000 others would die of this disease in 2007 (Canadian Cancer Statistics, 2007). This meant 3,075 would be diagnosed and 1,398 people would die per week. Men outnumber women for both the number of deaths and new cases diagnosed each year by 7% in instances and 12% in mortality (Canadian Cancer Statistics, 2007). The four leading cancers are lung cancer, colorectal cancers, prostate cancer and breast cancer (Canadian Cancer Statistics, 2007). These four types of cancers account for 55% of all cancer cases in Canada (Canadian Cancer Statistics, 2007). Based on the current incident rates seen in Canada, 39% of Canadian women and 44% of Canadian men will develop cancer in their lifetime (Canadian Cancer Statistics, 2007).

Cancer is as deadly in the United States as it is in Canada. In 2007, 559,650 Americans were expected to die of cancer (American Cancer Society, 2007). This is equal to more than 1,500 per day, making cancer the second leading cause of death in the USA next to heart disease. This year, 1,444,920 new cases are expected to be diagnosed (American Cancer Society, 2007). One in four deaths in the USA are cancer related. One of the reasons there is such a difference in the American and Canadian mortality numbers is the result of the difference in population size with the American population equaling 300 million and Canadian population at approximately 33 million.

If those statistics alone are not convincing enough to show the need for cancer research and treatment, read the following story, taken from the “Stories of Hope” by the American Cancer Society. Craig King goes to work each day knowing he is making a difference. Part of it goes with the territory. A third-grade teacher, King spends his days helping the 17 kids in his class master basic skills in math, social studies, and language arts. But the 25-year-old brings something extra to the classroom, too. He's living proof that cancer does not have to derail your plans, even if you are young when you get it.

King's story started in 1999, when he was a 17-year-old graduate of Manning High School in Manning. A football and baseball player, he planned to attend South Carolina State University that fall. Those plans were put on hold in July though, after King was diagnosed with osetosarcoma, a type of bone tumor. For months prior to his diagnosis, King had been living with a lump below his left knee. "It didn't hurt," he recalls, and being so active, he just assumed it was some type of sports injury and ignored it. Then one day, while making his bed, he bumped his leg and was shocked by the pain.

Surgeons replaced King's left tibia, or shin bone, with a healthy tibia acquired from a bone bank and attached it with metal supports. During the surgery his left kneecap was also removed and reconstructed. Following the surgery King underwent chemotherapy treatments lasting nearly a year. It took months of physical therapy for him to learn to walk again. "I was bedridden for a while after surgery, and then had a wheelchair," he recalls. "I went from the wheelchair to a brace, to crutches, to a walker, and then walking alone."

He graduated from South Carolina State University in 2004 with a degree in elementary education and has been teaching third grade ever since. "I love my job," he

says. "What gets me going every day is the realization that these kids could have never met me because cancer could have taken my life. But it didn't. God spared me and I have a purpose" (American Cancer Society, 2007).

In Ontario alone it was predicted that 26,000 people would die of cancer in 2007 and 59,500 new cases would be diagnosed. Lung cancer was the leading cause of death in Ontario in 2007. The need for treatment and research facilities is growing at a rapid rate. In Central South Western Ontario there is a Cancer Centre, which is both a research and treatment facility (Please note the Canadian spelling of the word Centre will be used throughout the paper). It is a place of hope and healing. Treating patients from across the region, this Centre represents a population base of more than 2.3 million people. It provides 100% of the radiation therapy for patients in the area, and is responsible for 60% of chemotherapy treatments. The Centre treats between 700 and 800 patients a day and over 20,000 patients are cared for annually. It also carries out leading edge cancer research. The foundation for this facility currently raises over three million dollars a year for the Centre's facilities, operations, and research. During their latest capital campaign they were able to raise 58 million dollars from donors and business corporations in the community to support their "Hope Can't Wait" Campaign and the expansion of the treatment facility. The foundation hopes to increase its annual support to 10 million dollars a year by 2008 to meet the ever growing demand for treatment facilities. This ambitious goal requires research and preparation to create campaigns that will motivate the community to give.

Foundations are set up to raise the required funds for the organization they represent. Their main purpose is to fill the gaps in government funding. Unlike

government agencies, foundations have the independence and ability to respond quickly to a wide range of changing community needs. Money is raised for the specific needs at the time. The money is used for further research and finding cures as well as expansion of facilities to accommodate the demand for the new procedures they offer. Foundations typically support charitable nonprofit causes, and some give grants to individuals for research and other work.

In 2005, Americans gave 260.28 billion dollars to religious, environmental and health organizations, exceeding the last year's charitable giving by 15 billion dollars (Soller, 2006). Their giving reached an all time high due to two major disasters - the Tsunami and Hurricane Katrina. Americans reached into their pockets and gave what they could to help those in need. Soller says in cases of natural disaster, people tend to respond emotionally, sometimes without regard to whether they can afford it. 'The average American said `I have to do more,' he says. 'Whether they just took more of their disposable income, took money they would have spent otherwise, bought a few less groceries, or one less tank of gas, they just knew they had to respond (Soller, 2006). This proves that people have the ability to give when they see a need. Seeing a need however, is not enough, donors must believe that their money is going to a worthy cause.

Reports such as the one found in the Saturday Star on June 2, 2007 show one of the reasons why, with so much money available to be given, people are choosing not to give. In the article "Charity scams bust public trust", author Kevin Donavan reports on how bogus charities that prey on innocent donor's heartstrings are frequently licensed and manage to carry on for many years before they are shut down (Donavan, 2007). Campaigns are organized around legitimate-sounding needs therefore preying on the

innocent donor. They promise that they are saving lives while in reality the owner is lining his pockets with charitable dollars, or wasting the funds on high marketing costs. Even for charities that are completely legitimate, there is a need to report their findings and remain accountable to their donor base. This is one of the many problems that needs to be overcome by a fundraising campaign. It is however, only one reason people are not giving.

Today more and more hospitals are relying on fundraising to provide enough money to survive. Philanthropy is the term commonly used for the act of giving from a person to a cause. The term is commonly used to define the act of a donor giving specifically to an organization such as a hospital but does not just refer to giving to hospitals. It also refers to a genuine concern for perceived needs. Philanthropy is defined as an altruistic concern for human welfare and advancement, usually manifested by donations of money, property, or work to needy persons by endowment of institutions of learning and hospitals, and by generosity to other socially useful purposes. Simply put philanthropy is the donation of large sums of money, time, or goods to help fulfill a need.

David Davison in his article “Is Philanthropy Dying at the Hospital?" says, “There is still a lot of big-time hospital philanthropy, for the simple reason that the wealthy get sick too, and many of them are grateful enough for the lifesaving care they receive to turn around and write a check” (Davison, 2001). Charities and foundations that rely heavily on gifts to fund their work need to take note of these critical factors. Since the funds are available, they must find a way to motivate donors to give. Foundations must break through the clutter of all the other charities and frame their need in a way that causes people to act.

This paper will try to dissect the reasons why people give to charities, specifically to a cancer hospital. It will take a look at the behaviors of philanthropists and what foundations can do to increase the number of donors. Since their gifts are so critical to the continuation of hospital services, it is important that we know how to reach the givers, and therefore keep these services alive. Specific attention will be placed on the role of direct mail from foundations and the role of appeal letters in collecting support.

There are two main questions that will be answered from this study. How does communication from a hospital foundation effectively motivate their community and local philanthropists to give money to their program? How does the donor's response motivate the foundation to continue to attract donations?

The attribution theory and work done by Bernard Wiener along with other researchers in this field will be used as a viable perspective to understand why people are motivated to start giving. Aspects of guilt, anger and frustration toward the disease will be addressed as strong motivators that lead to the financial support of cancer research. Studies that look at responsibility of victims will also be used to show how people respond to the adversity of cancer.

Research on philanthropy will also be looked at to see where the field has been and where it is headed in the future. By understanding the back bones of philanthropy along with its successes and failures new programs can be designed to meet the changing demands in this area of nonprofit fundraising.

While there has been work done in both of these fields there is very little work that uses both. In this project, attribution theory along with philanthropy will be used to help show the motivations behind why people are willing to help others and how best

non-profits can attract those willing to donate. A textual analysis will be done on letters from a cancer centre in Canada to understand the basic writing technique of these letters. Based on the analysis, a letter was created to show the difference between identifiable victims and statistical victims. The sample letters were given to students to read in combination with a survey for them to fill out to understand the motivations behind why people give.

The hypotheses for this study:

Hypothesis 1: The adversity of cancer is used in fundraising letters to motivate the reader to give due to feelings of guilt and obligation.

Hypothesis 2: Readers are motivated by an identifiable victim because they feel they can make a difference, where statistical situations appear unattainable and therefore overwhelming.

Hypothesis 3: The number one motivating factor for people to give is personal experience.

2. Literature Review

Fundraising always has been and will continue to be an important part of non-profit charities. In order to continue the service or support offered by hospitals, money must be raised for capital. With limited governmental funding, hospitals are turning to fundraising as strategic and imperative for operating capital. As seen earlier, private sources make up 31.3 % of the funding. This shows individual and bequest giving is a critical resource to hospitals. Almost half of all donors also had an affiliation with the health-care institution they supported. Employees accounted for 18.9 percent of donations, patients gave 16.5 percent, physicians 5.5 percent, and board members 4.9 percent (Lipman, 2006). The giver feels an attachment or connection to the foundation and therefore feels obliged to give.

Attribution Theory

Fritz Heidler is generally acknowledged as the founder of the attribution theory. This social psychology theory was later developed further by Harold Kelley, Edward E. Jones, Lee Ross, and Bernard Weiner. Heidler's basis comes from his work "investigation of common sense psychology"(Heidler, 1958). His goal with this theory was "to clarify some of the basic concepts that are most frequently encountered in an analysis of naïve descriptions of behavior (Weiner, "Social Motivation", 2006). Attribution theory is a cognitive approach to understanding behavior (Weiner "Theories of Motivation", 1972). Attribution theorists deal with questions of why, as well as with the relationship between the phenomenon and the reasons (Weiner, "An Attribution Theory", 1986).

There are a number of different causal attributions that people commonly make including; situational causes, personal effects, ability, effort, desire, sentiment, belonging, obligation, and permission. There may be a variety of behaviors stemming from one cause or one behavior might arise from several causes. The causes we are looking at here are events or situations that create a reaction. The sudden awareness of a need due to personal tragedy, for example, evokes behavior in the giver. The prescription of causality is an inscription imposed by the perceiver. Since causes are not perceived but instead they are constructed by the perceiver, they render the environment as being more meaningful (Weiner; "Theories of Motivation, 1972).

Attribution theory also focuses on the ability and motivation for action. The basic ideology of attribution theorists is that man is motivated "to attain a cognitive mastery of the causal structure of his environment" (Weiner, "Theories of Motivation", 1972). Poor people and rich people alike use hospitals and therefore feel the need to give back. Additionally, in times of crisis, such as the Tsunami and Huricane Katrina, people find the extra money to donate. These events motivate the action but only in times of direct crisis. The motivation behind such actions will dictate for the future whether a donation is a one-time gift or whether this behavior will be a continued expression.

Is the behavior caused by a feeling of obligation or that one "ought" to participate in some sort of behavior? Attribution theory assumes that people are systematic and logical, therefore if foundations are able to dictate and understand the behavioral patterns they conform to, habits can be altered to benefit fundraising campaigns.

A constant finding of attribution theory is something called the fundamental attribution error (Weiner, "Human Motivation", 1992). This is the tendency to attribute

the cause of events to personal qualities. We tend to overlook the fact that something may not be the persons fault. Our desire to understand difficult situations causes us to place the blame on something or someone. If a nonprofit is able to find a way to transform guilt into giving perhaps they will be able to lift the blame and create an outlet of hope for the future.

Weiner looks at what he calls "help giving" in relations to the responsibility of the person in need. By help giving he is referring to assistance, whether it is financial aid or just assisting someone who is in need of help. He used help giving in relation to the attribution theory and sociobiology to look at how willing family members are to support a fellow member. Tobias Greitemeyer, Udo Rudolph, and Bernard Weiner conducted a study called "Whom Would you Rather Help: An Acquaintance Not Responsible for Her Plight or a Responsible Sibling?" In this study, there is a blame factor from the attribution theory coming into play. The individual giving the money is deciding how much they blame, or hold the person in need responsible, for the misfortune they have encountered. Weiner and colleagues manipulated the study based on the responsibility of the person in need for the situation in which they were in. Helping-behavior entails giving away resource to those in need.

In this study, attribution theorists would hypothesize that a person who is perceived to be responsible for their plight will be given less support (Greitemeyer, Rudolph and Weiner, 2003). The participants in this study were given one of eight scenarios in which either a responsible or irresponsible acquaintance or sibling asked for a favor. Half of the situations were everyday favors, while the other half of the scenarios were life or death peril. The participants were given a short vignette describing the

person in need. They were then given questions to evaluate the situation and their behavioral intentions. Variables in this study included the relationship of the giver and receiver, the kind of situation that the receiver was in, as well as the method in which the data was collected. The scenario given to the student to access was analyzed in relation to the student's perceived responsibility of the person in need. They were asked three questions based on a Likert-type scale and asked to judge the level of support they would give based on their perception of the situation.

The results showed that women were more likely to help than men. Gender, however, did not interact with responsibility or relationship (Greitemeyer, et al, 2003). This study showed that intentions to give were affected by multiple causes, both attribution and sociobiological. Related to the attribution theory were the variables of judgment of responsibility, more specifically, where they placed the blame and sociobiological kinship relationship. Therefore, no matter the situation or where the responsibility was placed, family would win over an acquaintance when it came to help giving. In conclusion, they found that the lower the stakes of the person in need the higher the level of judgment from the giver and therefore giving is attributed to the need assessed.

Bernard Weiner in his article "An Attributional Analysis of Reactions to Stigmas" with Raymond Perry and Jamie Magnusson from the University of Manitoba looked at perceived causality and its influence over help giving. They use an extended definition of the word "stigma" to mean any mark or sign for perceived or inferred conditions of deviation from a prototype or norm (Weiner, Perry and Magnusson, 1988). Specifically

they are looking at undesirable qualities or those problems that lead to negative outcomes.

In their article they look at causal perceptions related to stigmas and reactions to the stigmatized person. Prior investigations have demonstrated without a doubt that if the cause of failure is perceived as controllable, then anger, with little pity, is directed toward the needy person. People even tend to neglect or punish those in need whom they deem responsible for their misfortune (Weiner et al, 1988). In opposition to this however, is the ideology that if causes of failure are perceived as uncontrollable they generate pity and therefore help giving without anger (Weiner et al, 1988). They performed two experiments, the first with students from the University of California in the United States, the second with students from the University of Manitoba in Canada. The first experiment asked the students to respond to 13 questions, three of them regarding the responsibility and blame for a stigma and its perceived changeability, five pertaining to liking, pity, anger, charitable donations and personal assistance. The final five looked at the likelihood of improved life satisfaction given job training, professional-educational training, welfare, medical treatment, and psychotherapy (Weiner et al, 1988). Each of these dependent variables were then rated for ten stigmas, AIDS, Alzheimer's disease, blindness, cancer, child abuse, drug addiction, heart disease, obesity, paraplegia, and Vietnam War syndrome.

The first hypothesis was that those stigmas that had mental-bahavior origin (AIDS, child abuse, drug addiction, obesity, and Vietnam War syndrome) would be perceived as more onset-controllable than those which were physical (Alzheimer's disease, blindness, cancer, heart disease, and paraplegia). The next set of hypothesis

related predictions that mental-bahavior would elicit less liking, pity, assistance and charitable donations. What they found was there is a pattern associated between the source of the stigmas, perceived controllability, affective reactions, and judgments regarding help. It was found that physically based stigmas were perceived as uncontrollable; the person was liked and pitied, while little anger was shown and respondents indicated they would personally assist the person as well as make charitable donations to this cause. Those with mental-behavioral stigmas were viewed as just the opposite with the exception of AIDS and Vietnam War syndrome, which were less consistent with these findings.

In the second experiment males and females from both UCLA and the University of Manitoba participated. There were two basic variations from the original questionnaire being that they were either provided with no information regarding stigma onset or given information regarding personal responsibility for the origin of the stigma. The stigmatized individuals were classified as responsible or not responsible for each stigma onset. The results found that individuals with mental behavioral stigmas were judged as more responsible and were blamed for their condition receiving less pity and receiving lower rating for personal assistance and charity.

There are a number of findings from the two experiments that outline the response of participants to the victim's situations. First, they found that stigmas differ in their perceived attributional characteristics of controllability which they correlated to responsibility and stability or reversibility (Weiner et al, 1988). Next, they found that physically based stigmas were perceived as onset-uncontrollable, while metal stigmas were perceived as onset-controllable (Weiner et al, 1988). Those stigmas which are seen

as onset-uncontrollable are associated with pity, liking and no anger as well has help offerings without judgment. Onset-controllable on the other hand is associated with the opposite. Finally, perceptions of controllability can be altered by pertinent information, which in turn affects the reactions and behavioral judgments of others (Weiner et al, 1988). All findings show that people's perception dictates how they react to the person in need and their likeliness to offer any form of help.

In the article "An Attribution-Affect-Action Theory of Behavior; Replications of Judgments of Help-Giving" by Greg Schmidt and Bernard Weiner they used four experiments to examine the relationship between perceived controllability, emotional reactions of anger and sympathy, and judgments of helping behavior. They reinforce the attribution approach reminding the reader that the motivational sequence is conceived as: thought - affect - action (Schmidt and Weiner, 1988). Again they looked at when a person is in need the help provider determines why the help is needed. If their situation is uncontrollable pity as well as help is offered. If their situation is considered controllable however, anger and neglect are evident from the potential help giver. In this experiment there were four conditions. The study was a replica of a study done by Weiner before, in which he uses a student asking to borrow notes from another student as the subject in need of help. The student gave two reasons for needing the notes, one was they were going to the beach while the other was the result of eye problems they had, therefore causing them to need to borrow another students notes.

An identical vignette was given to 496 introductory to psychology students at the University of California in Los Angeles. There were three experimental conditions and a control condition. A paragraph at the beginning of the vignette defined the experimental

condition. The first condition was a self focused condition which asked the students to imagine themselves in the situation given and really try to think of how they would feel if put in the same situation. The second condition was an empathy condition, in which the reader was asked to take the position of the student in the story who is in need of help. Finally, the third condition asked the reader to be as objective as possible as they read the vignette. The students were asked to read the story from their different perspectives then answer 12 rating scales.

They found that the same patterns as before had prevailed. Perceived control relates positively with anger and negatively with sympathy, and control and anger are negatively associated with help, whereas sympathy positively relates to helping judgments (Schmidt and Wiener, 1988). What they also found was that their preconceived idea that objective or self-versus other focus instructions might change the attribution-affect-helping paths was not confirmed. They found that the structural path between thinking, feeling and judgments about an action is strong and not altered by a variety of experimental instructions (Schmidt and Wiener, 1988). They also found there is no direct path between thinking and action (Schmidt and Wiener, 1988).

Continuing to look at help giving from an attributional perspective is Tobias Greitemeyer and Udo Rudolph in their article “Help Giving and Aggression From an Attribtutional Perspective: Why and When We help or Retaliate”. They were testing Bernard Weiner’s theory of responsibility. They were looking at help and aggression from a theoretical point of view. They said “a cognitive-emotional-behavior model of social conduct is postulated in which help giving and aggression are determined by both cognitive and emotional variables. It is further assumed that attributional thoughts of

responsibility/controllability determine the emotional reactions of anger and sympathy and that these emotional reactions, in turn, directly influence help giving and aggression (Greitemeyer and Rudolph, 2003). They looked at studies done in the past which agreed with the ideology that actions are influenced by thoughts as well as by emotions. They believed the attributional theory of motivation and emotion might provide a theoretical explanation for both the positive and negative side of social conduct (Greitemeyer and Rudolph, 2003).

They did two experiments. The first experiment involved participants receiving one scenario where people were being helped and another where people were being harmed. There were eight scenarios half of which contained a controllable cause and the other half an uncontrollable cause. In the first experiment 408 students were given a scenario and asked to imagine the situation and answer a series of questions concerning their own cognitive, affective and behavioral reactions (Greitemeyer and Rudolph, 2003). The students were asked to decide on perceived control, anger, sympathy, and a behavioral reaction (Greitemeyer and Rudolph, 2003). In the second experiment they were testing the same thing but looking at the relationship between the respondent and the person in the scenario. The second experiment involved 150 respondents who read scenarios and were asked to also decide on perceived control, anger, sympathy, and a behavioral reaction.

Greitemeyer and Rudolph found, as they expected, that respondents found some situations as highly controllable while other conditions were seen as low controllability conditions. The level of controllability assigned to the situation by the respondent, lead to their decision for help-giving. Those situations with higher ratings of controllability

and responsibility were given less help while those conditions with low controllability conditions were given more help.

Deborah Small, George Loewenstein, and Paul Slovic did a study on charitable responses to what they call identifiable victims versus statistical victims. They were looking specifically at the obligation a donor feels to a specific individual. In their article "Sympathy and callousness: The impact of deliberative thought on donations to identifiable and statistical victims" they look at people's reaction to a charitable request based on their education of statistical versus identifiable victims. The idea behind this study initially is that people tend to give to an identifiable victim, for example Baby Jessica, the baby in Texas who fell down a well. Over $700,000 was donated by a concerned public who wanted the baby to be saved (Small, Loewenstein, and Slovic, 2005). While this money all went to a good cause, it seems a waste to concentrate such large sums of money on one person. Perhaps this money would be better put to use if spread out for the purpose of saving many children. Small and colleagues use other examples such as Ali Abbas a wounded boy in Iraq, and the dog stranded on a ship in the Pacific Ocean to prove their point. Each of these examples authenticates people's compassion and generosity when they see an identifiable victim versus being overwhelmed with numbers. While connecting to the individual they evaluate their situation and feel the obligation to help out.

This study had two hypotheses; the first is that thinking analytically about the value of lives, should reduce giving to an identifiable victim (Small et. al, 2005). The second hypothesis is thinking analytically about the value of lives should have no effect on giving to statistical victims (Small et. al., 2005). Five different studies were done all

involving students at a university in Pennsylvania. In each of the different experiments students sitting alone in their student centre were approached and asked to complete a short survey. At the end of the survey the students were given five dollars, all in one dollar bills, along with a receipt, a letter from a charity and an envelop to make a donation if they wish. The contents of the letter acted as the variables in the study and change amongst the five studies to prove their hypotheses.

They found from their works that sympathy for identifiable victims diminishes with analytical thought, thinking about all those in need rather than one specific case, but remains low for statistical victims (Small et. al., 2005). It can be assumed from this study that campaigns that give the donor something to focus on, a need or a specific identifiable case, will be more successful if they are not overwhelmed with large statistics. When people are considering making a donation most often they do not calculate the impact of their donation. It is instead done as a reaction to an emotion, intuitively or spontaneously, therefore it seems counter productive for a charity to show them how little impact their specific donation will make.

Bernard Weiner, Richard Nierenberg, and Mark Goldstein in their article "Social learning (locus of control) versus attributional (casual stability) interpretations of expectancy of success" look at how social learning theory and attribution theory relate to expectancy theory. Social learning theory uses concepts from reinforcement theory while attribution theory utilizes concepts from “everyday” life to provide an analysis of social perception. Social learning theory says the potential for reoccurrence will be strengthened or weakened by positive or negative perception of ones own behavior. If the individual feels that reinforcement is out of their own control (fate, chance, powerful

others or unpredictable outcomes) then behavior is less likely to be strengthened or weakened. Attribution theory states that future behavior is in part determined by perceived causes of past events. Achievements related to success and failures are perceived as being caused by ability, effort.

This article outlines six experiments done previously that all examined effects of casual stability as well as locus of control on expectancy and expectancy shifts. The subjects of these experiments were given a list of tasks and asked to give themselves their expected score. The trials were done with sixth graders, tenth graders and college students. In sum, the results of these studies decidedly support the attributional conception and contradict the predictions from social learning theory. The stability of causal attributions, rather than their locus of control, is related to expectancy of success.

The experiment done for this study used 126 male undergraduate students from the University of California. Their task was a modification of the block design test on the WAIS. Wechsler Adult Intelligence Scale (WAIS) is used as a general intelligence test, made up of subtests adopted from the Army Tests. The subjects were asked to match the design shown to them by the experimenter. The task was explained to them and they were given one practice. The subjects were then asked to indicate how many of the next ten similar designs he believed that he would successfully complete (Weiner, Nierenberg and Goldstein, 1976). An attributional self-report was created relating success to stability and locus of control in which subjects were asked to rate their perceptions of causality.

The results of this experiment found support for attributional conception and contradiction the predictions for social learning theory. The stability of causal attributions, and not their locus of control, is related to expectancy of success and

expectancy shifts (Weiner et. al., 1976). In summary, social learning theory specifies that expectancy is influenced by the locus of control causal factors. Attribution theory in contrast says expectancy is influenced by the stability of causal factors.

All of the above experiments have looked at the use of attribution theory to test the willingness of people to help others in need. What was found the majority of the time is that people are willing to help those whom they feel are not responsible for their misfortune. Since cancer is a disease that people are diagnosed with by no fault of their own, based on the studies above people should be willing to help them. In order to help however people must be aware of the needs. Foundations must learn how to properly address their audience to attract donations.

Nonprofit Organizations and Message Management

In the book The Complete Guide to Nonprofit Management by Smith, Bucklin and Associates they discuss marketing in nonprofit starting even before the 1970s. In the earlier days of fundraising, marketing had no role in non profit, however with increased competition has come the need to do so and programs are even becoming market- or consumer driven. Non-profits generally lag behind the for profit industry therefore marketing did not become an important issue until the mid-1970s. While there is the common misconception, marketing is not the same as selling. Many people however confuse them. Selling is offering something in exchange for money. Philip Kotler in his book Strategic Marketing for Nonprofit Organizations defines marketing as "the analysis, planning, implementation and control of carefully formulated programs designed to bring about voluntary exchanges of values with target markets for the purpose of achieving organizational objectives" (Kotler, 1995).

Smith, Bucklin and Associates believe that marketing orientation leads to greater consumer satisfaction, increased consumer participation, better attraction of market resources and great efficiency (Smith et al., 2000). A common mistake made by individuals is to assume a foundation or product only has one market, this however is not true. This is why it is important to break down the market into market segments to create smaller special interest groups (Smith et al., 2000). Smith, Bucklin and Associates suggest assessing the needs of the consumer through the use of a surveys or focus groups. While research does take time, they suggest if the needs of the market are not ascertained, marketing will proceed blindly with no assurance that the course chosen is the correct one to elicit responses. Since society is a constantly changing environment, once is not enough. Our market and its needs are changing therefore; research should be conducted on a regular basis to ensure materials used keep up with the changes in society.

The four most common types of promotion are advertising, direct mail, personal selling and promotion. Advertising is a paid promotion just like those seen used for for-profit business. Direct mail is one way a specific group can be targeted. This also allows more in-depth explanation of what the organization is doing. Smith et al suggest that this is a time-honored method for reaching potential donors because the cost per contact is low and mailing can simulate a personal letter and even include photographs to provide a strong emotional appeal (Smith et al, 2000). Next are personal or direct sales. This is generally used during the advancement stages of consumer readiness and is frequently the method employed to “close the sale” (Smith et al., 2000). Finally, there is publicity which is unpaid. This is where a reporter might come out to the facility and do a feature

story on the work the non-profit is doing. This is free press coverage for what the non-profit is doing. For the purposes of this study direct mailings will be focused on.

When using a Solicitation tool the information given to donors needs to be well thought out and attractive. Pieces should reflect the image of your organization. Direct appeals should be produced on organizations stationary and contain personalized salutation, persuasive wording, a brief description of the need, and a request for the gift amount. Some suggestions Smith and his associates make in creating these pieces are; keep it to just one page, use clear and concise wording, ask for a specific amount, use letter head with the organizations main phone number, address the letter directly to the appropriate person, try not to say sir or madam, outline only the highlights or the request and finally show how the program/project addresses the prospective donors expressed interest (Smith et al., 2000).

Janel Radtke, in her book Strategic Communication for Nonprofit Organization believes the objectives of any nonprofit organization should focus solely on the audience. The foundation must decide what their objectives are, whether it is to educate, teach, inform, provide or enlist support, and build their message around it. This message then needs to be made clear to the audience. She then outlines the communication process in a nonprofit organization with their audience in four steps starting with getting the audiences attention and creating awareness. Next she says to begin to engage the audience. Grabbing the attention is critical as it creates an awareness of the situation, and allows the non-profit to begin to engage their thinking about it and/or initiate the relationship (Radtke, 1998). Once support has been gained it is important to also

maintain and strengthen relationships. She says once the relationship reaches this point, it has reached the end and must return to the beginning of the cycle for it to continue.

Once the audience is collected Radtke suggests labeling the groups who are interested in the cause and labeling them by their connection. For example are they connected by occupation, shared experience, common relationship to the organization, or by benefits to be gained from association (Radtke, 1998). She also suggests collecting demographic, geographics and psychographics about the audience. While demographics and geographics are common practices psychographics tend to not be used as often. She says "psychographics is the use of psychology, sociology and anthropological factors such as benefits desired, self-concept and lifestyle to determine how the market is segmented by the propensity of groups within the market- and their reasons- to make a particular decision about a product, person, ideology or otherwise hold an attitude or use a medium" (Radtke, 1998). By understanding the activities, interests and opinions of the donors and those they associate with the foundation will be better equipped to target the audience with relevant information to their lives. There are so many options for determining an audience in this manner therefore it is important to pick out key areas to focus the objective on. Donors usually are segmented by specific criteria. Each group of donors should be approached in a way that speaks directly to its needs and desires (Radtke, 1998).

Radtke discusses a number of different tools that can be used to understand the audience starting with media reviews, polling, focus groups or ethnography. She also specifically addresses questionnaires. When using a questionnaire she suggests using the database already created of current donors. From there she says the foundation needs to

make sure questions (1) get to the heart of the information needed to learn about the attitudes and motivations of the target audience and (2) cannot be misunderstood or misinterpreted by audience members (Ratdke, 1998). When developing a questionnaire there must be objective parties to read through it for clarity or even take the time to do a pilot study to ensure proper feedback from the questionnaire.

When deciding on the message to present, there are key steps to follow. Ratdke suggests developing key themes, deciding on the message frame, creating an umbrella message using the information triangle to develop messages, examining the language and symbols used and ensuring message discipline (Ratdke, 1998). When framing the issue it can be done in three ways. The first method centres the problem around the individual's role in the problem and the solution, the second addresses the problem through change and the third way advocates looking to the private sector for a response. Ratdke suggests that the individualism of society often leads to a cinematic, or story telling, approach toward what is happening in the world (Radtke, 1998). Key themes should also be decided on to help those inside and outside of the organization define the needs in the organization easily. The idea here is that if someone was to ask what the specific purpose of a foundation was a board member or employee of the foundation would be easily able to describe it to them.

The umbrella message is the one that defines the organization and clarifies its mission (Radtke, 1998). The umbrella message answers what the organization is, what it means, and what it does. The message triangle then takes these three things and puts the objective in the middle. Radtke also contends that audiences are people first and audiences second; therefore, it is the responsibility of the nonprofit to match their

message to the audience and not the other way around. The message needs to be clear, persuasive and concise in language choice ensuring that the language is appropriate for the audience. Finally, all those involved need to know and understand the message of the foundation. The message needs to be clear not only to the audience but all those involved including, employees, board members, and volunteers.

Finally, when using print media Radtke suggests seven elements to grab the audience's attention. They are photos, photo captions and pull quotes, headlines and titles, design, sidebars and boxes, graphs and charts and color (Radtke, 1998). Each of these elements help bring the information to life, calls attention to the message and emphasize important information for the reader. When the technical side of attracting attention is done correctly, through the use of letters and surveys, people will feel compelled to join the organization through philanthropy.

Philanthropy

In the article "Faith, hope and philanthropy" printed in the Economist the author brings light to what they call the "golden age of philanthropy" (Author Unknown, "Faith, hope and philanthropy, 2007). The author says this is the result of the growing enthusiasm the rich have for philanthropy and the desire they have to see their money used to better effect. This desire to make the world a better place is definitely welcome. There are three improvements that need to be made to help philanthropists feel more comfortable with giving. First there needs to be a better measurement of the impact of philanthropy. Organization such as Habitat for Humanity are able to visibly show a community what their fundraising dollars are specifically going toward while other foundations are not as visible. It is important that "more and more people discover their

own power to make good things happen" says Mr. Davies, the co-founder of New Philanthropy Capital. Although measurement may be difficult it really is necessary.

Next, there needs to be greater transparency in organizations. Too many philanthropists are trying to do the same thing, unaware that they are copying what is already being done ("Faith, hope and philanthropy", 2007). By being transparent people will eliminate the wasting of scare resources and learn from one another's mistakes. Finally, greater accountability is required to make philanthropy better. Democracy and plutocracy do not sit comfortably together, and even when donors' money is being spent in non-democracies, the democratic world is likely to take a growing interest in what is being done ("Faith, hope and philanthropy", 2007). One thing new philanthropists are doing that has made a difference is they have improved the running of many charities and foundations. In the past these were often run by amateurishness and inefficiency they are now implementing techniques from business. Both the rich and the poor alike hope that this continues.

Angela Eikenberry, in her article "Philanthropy and Governance", discusses the growing attention in the field of philanthropy. She outlines three reasons for this starting with government cutbacks and an overall drive to reduce the size of government and now this has created a growing need for and focuses on philanthropy and its institutions to solve collective problems. Next, she suggests a growing gap between the rich and poor in the United States (and around the world) has created a growing number of mega-wealthy individuals who can give and a growing number of poor people in need of such gifts. Finally, she believes the spectacle of the large and growing fortunes of people like Bill and Melinda Gates and celebrities like Bono and Angelina Jolie, matched with their

more engaged and very visible modes of giving have provided much fodder for the media (Eikenberry, 2006). She says each of these trends have lead to what she calls "fashion philanthropy" (Eikenberry, 2006).

She also says philanthropy has the potential to enable individuals to be more involved in their community and, if they are part of a group of donors (such as a giving circle), they can participate in deliberation about issues in the community (Eikenberry, 2006). The data on philanthropy shows that people tend to give to causes with which they can identify and are physically or emotionally attached. They give to those they feel they or their family can benefit from. What has also been found is that philanthropists from the wealthiest to the average are taking a more entrepreneurial and market-like approach to investing their philanthropic dollars and the act of giving has increasingly become an act of consumer activism rather than an act of citizen action.

She discusses how unreasonable she believes it is to expect philanthropy to fill the space left open by government cutbacks and devolution. She also states that "several scholars have warned against a heavy reliance on philanthropy to improve social conditions because it will never be sufficient to make up for government cutbacks (Eikenberry, 2006). While this is a concern, many foundations rely on donations to fill the gaps and without that support they would not be able to continue their work. She suggests that if continued in this way, philanthropy will become the vehicle for social change.

In the article, "Empowerment and Beneficence: Strategies of Living and Giving among the Wealthy," Paul Schervish and Andrew Herman take a look at the nature and logic of philanthropy. When they say logics of philanthropy they mean the various ways

wealthy individuals insert themselves into the world through their philanthropic efforts. They say "each logic of philanthropic agency represents the point at which the biography of an individual agent intersects with the history of society in the form of structural constraints and opportunities" (Schervish and Herman, 1988). Logic of philanthropy is not simply the more or less well-motivated voluntary giving activity of individuals, foundations, or corporations, it is a particular instance when moral agency and political economy come together (Schervish and Herman, 1988). It is a patterned array of "constraining and enabling" positions located within the broader organizational framework of a society's leading cultural, economic, and political institutions (Schervish and Herman, 1988).

They understand philanthropy to be a quite specific process of accumulation and distribution of resources to achieve personal or institutional needs and interests (Schervish and Herman, 1988). This understanding of philanthropy as a social relation of production enables them to locate its defining characteristic in the type of social signals it responds to rather than in some formal institutional characteristic such as tax status as a non-profit organization. The difference between philanthropy as a social relation, and other social relations, is the medium for communication in philanthropy is words and images. They show this in contrast to political relations and the communication response seen through votes. They say "in philanthropy, demand is made efficacious by inviting the producer to attend primarily to the needs expressed, rather than to the medium through which they are expressed" (Schervish and Herman, 1988).

Schervish and Herman suggest two positions that carry out philanthropy, and say we must determine a position of the giver to understand the extent of their philanthropy.

Philanthropists are either supports or producers. They say wealth provides an opportunity to move from being simply a supporter, someone who simply responds to an appeal, to being a creator or producer of philanthropic outcomes. Contributors are considered direct producers rather than supporters when they command resources sizable enough to actually create or sustain the very organizational life of philanthropy (Schervish and Herman, 1988).

Susan Ostrander with Paul Schervish start their article "Giving and Getting; Philanthropy as a Social Relation" from the anthology Critical Issues in American Philanthropy, by saying that work in this field is critical and needs to continue. They follow this by saying that the research however, should not simply focus on the donors as that would run the risk of obscuring the issues. Philanthropy instead needs to be studied as a whole. The fear is that by focusing on the donors only the sociological fact about philanthropy will be lost, as philanthropy is a social relation of giving and getting between donors and recipients (Ostrander and Schervish, 1990). This "giving and getting" relationship is one that has been recognized by others in the field as well. Ostrander and Schervish believe that if they focus on the social relationship it will lead to a better match of resources and needs of the donor and those of the recipient. They look at the strategies of how both the donor and the recipient approach one another and the extent that either party takes into account the needs of the other party.

They also discuss the power difference seen in this relationship. They say the general tendency is for donors to occupy positions that give them substantially more active choice than recipients about how to define the philanthropic transaction and how to take part in it (Ostrander and Schervish, 1990). Social structure both creates and is

created by human action in a repetitive process. This therefore defines how we act within these constrains created by the structure of philanthropy. Both the donors and recipients participate as agents in reinforcing or changing this structure (Ostrander and Schervish, 1990). From this they look at the tendency of philanthropy to be donor led. They say recipients enjoy little or no ability to ensure or "discipline" the response of donors (Ostrander and Schervish, 1990). They characterize this in what they call "donor ascendancy" and "recipient influence" (Ostrander and Schervish, 1990).

Appeal letters offer little in the way of immediate extrinsic rewards to the potential donor and for that reason people see no direct negative consequence to ignoring such appeals. Ostrander and Schervish say while social networks might be a reason for some to give most people are giving based on moral grounds. In this sense, the recipients depend on the donor's recognition of legitimacy of the appeals. While recipients depend on donors for their existence and support, the argument is made in this article that "donors depend on recipients for the moral and normative and perhaps social meaning of their existence" (Ostrander and Schervish, 1990). They say the balance of power is able to shift toward the recipients when they are able to introduce and enforce normative claims or incentives.

Ostrander and Schervish wrap up by saying conditions need to be specified under which recipients can and do have influence in the philanthropic relationship to counterbalance the normal power holding donors. Both donors and recipients need to feel fulfilled from the donation of resources to the needs they have fulfilled. They believe that both donors and recipients give and get in the social relation that is philanthropy (Ostrander and Schervish, 1990). Those with the money or resources give

and in return feel fulfilled from the good they do. The recipients get the resources and are able to fill the needs they have and should therefore give positive feedback to the giver to fulfill the givers need. They also believe that each want something from the other but have something to offer them in return, whether it be resources from the donor and the extrinsic value they receive from the recipient for giving their resources. Finally Ostrander and Schervish say that by conceptualizing philanthropy as a social relation rather then an institution, they have attempted to locate the distinctive attribute of philanthropy (Ostrander and Schervish, 1990).

Susan Ostrander in her article "The Growth of Donor Control: Revisiting the Social Relations of Philanthropy" looks at the two way relationship in philanthropy between the donors and the recipient groups. This should be a "give and get" relationship (Ostrander, 2007). She looks specifically in this article at the growth of donor control. She says the growth in donor control is the result of new relationships of donor exclusivity, donor intermediaries between donors and philanthropic advisors and providers of other services including donor-advised funds, and donor oversight between "social investors" and their nonprofit "partners" in high-engagement philanthropy (Ostrander, 2007).

Ostrander and two co-authors have developed a continuum of donor-grantee relationships based on a number of case studies they have done (Ostrander, Silver and McCarthy, 2005). They have documented four different funding contexts where a.) grantees actually control funding decisions, b.) grantees and donors collaborate, c.) recipient groups are represented by program officers or other philanthropic advisors and d.) recipient groups actively dialogue and negotiate with funders to obtain support for

what recipients define as important (Ostrander, 2005). Ostrander looks at the current spread and acceptance of donor-controlled philanthropy using a social relations approach. Donors do not necessarily have to dictate it is instead an active choice to allow them to do so. She suggests there are three main reasons to be concerned with donor control. The first problem with donor control is private interests, such as tax purposes, of the donor rather then public interests. The second problem is undermines the traditionally antidemocratic structure. Again here we are seeing the enabling of benefactors to give in accordance with their own interest rather then the involvement of the recipient (Ostrander, 2005). Instead what we need is "philanthropy that is more responsive to social need" (Ostrander, 2005).

The focus of donor control is on the individual. In the United States, particularly wealth has become very concentrated, with the top one percent of the population now owning more than 40 % of wealth (Ostrander, 2005). This top one percent contributes one third of total charity dollars (Ostrander, 2005). This is a difficult balancing act as foundations want and need the money the wealthy have to offer but with this is coming a sense of entitlement in how it is used and a desire to be more involved with something they are not familiar with.

There are two perspectives on donor involvement, donor controlled and donor centreed. Donor controlled- is positioned further along the continuum of heightened donor control compared to what might be called the donor centreed philanthropy which was dominant until more recently. Donor centreed is when the donor responds to an appeal for gifts through the process of donor cultivation by professional fundraisers (Ostrander, 2005). This new form of donor control where the donor is seeking out the

recipient rather then the other way around has lead to a new term “social entrepreneur” (Ostrander, 2005). This term is used to typify the authoritative and directive stance of higher donor controls where donors develop and carry out their own personal social visions through their philanthropy (Ostrander, 2005). Rather than a mutual relationship the donor is running through the ideas and visions of the foundation.

The use of donor-advisors are being used by philanthropists. Those who support their work see them as “facilitating the process of charitable giving” (Ostrander, 2005). The reality of the situation however, is that many donors are not actively informed or educated of the needs. They make a donation based on a recommendation and then want to be involved with where their money is placed but they are uneducated and unaware of the needs within that charity. It is becoming increasingly difficult for recipient groups to address their needs and wealthy donors have responded to this by tightly holding the reins over their gifts as a way to ensure they are well spent (Ostrander, 2005).

The economic boom seen in the last couple of years has created a new generation of wealthy professionals who have made a lot of money in a short amount of time. This has lead, Paul G. Schervish, Mary A. O’Herlihy, and John J. Havens of the Boston College Social Welfare Research Institute and on behalf of the Association of Fundraising Professionals, to look into the philosophy and characteristics of charitable giving. To participate in the study participants needed to be high-tech wealth holders as well as currently be involved in philanthropy.

Confidential personal interviews were hosted with 28 high-tech wealth holders and two co-participating spouses. The questions in the interview were directed around discerning the relationship between how high-tech wealth holders accumulate their

money in business and how they allocate it to philanthropy; the range of personal, business, and philanthropic issues that surround high-tech wealth and philanthropy; the implications of the findings for understanding and improving the trajectory of the philanthropy carried out by high-tech donors; and the application of what we learn to further our understanding of the emerging problems and prospects of philanthropy in general. The idea of the study was to create a picture of these executives giving habits.

Repetition throughout the interview, along with the diversity of the group, gave strong evidence that although the results cannot say for certain how high-tech philanthropist chose to give, the findings represents a significant and accurate picture of how they feel. What they found was a new philanthropy which entails an explicit effort by donors to apply the lessons learned in business -- strategic thinking, focus on measurement, accountability, scalability, investment, and return on investment -- to ensure the charities they support are effective in producing outcomes, in documenting these outcomes, and in becoming creative risk-takers was what these givers desired (Schervish, O'Herlihy and Havens, 2001).

Peter Panepento, in his article "Connecting with Generation X", explores generation X. He looks at the young, successful, and civic-minded, individuals who represent hope for organizations that will need a new wave of supporters. The oldest members of Generation X, defined by demographers as those born in 1965 through 1981, turn 40 this year (Panepento, 2005). Most are in their 30s, meaning they are approaching a point in their lives when they are established in their careers and their communities (Panepento, 2005). What has been found however, is that many generation Xers are not living up to the giving patterns of their parents. He says "Nonprofit organizations that

have studied the reasons behind the differences in giving among the generations say that members of Generation X are not intrinsically less interested in giving than their parents and grandparents. A majority of these younger people…simply have different ideas on how to give" (Panepento, 2005).

One of the reasons for the difference between the generation Xers and their parents is unlike the baby-boomers, members of Generation X were not part of massive social movements, such as the push for civil rights or opposition to the Vietnam War. Instead they have grown up with instability. "They were among the first "latchkey" children, with parents significantly more likely to divorce than in previous eras, and some saw their parents laid off from their jobs" (Panepento, 2005). For this reason they are requiring different information and therefore different targeting techniques than their parents did. To help attract young supporters, the charity relies heavily on the social networks of its volunteers which is popular as well among this group.

Generation Xers are also facing other hardships their parents did not. Firstly, many young people attended university and are therefore more likely to be carrying student-loans and or credit card-debt, making it more difficult financially to support such causes. Another example is the economy has not been kind to many in this age group. "While the technology boom of the late 1990's helped turn some of their number into millionaires, many more have struggled through layoffs or are relying on working spouses to help pay the bills. Some are even still living with their parents" (Panepento, 2005).

From the research above it is evident that more research is needed in this field. The attribution theory has clearly laid out that when a need is evident, there is a cognitive

process people go through to decide if they will help or not. This research will help add to understanding of what that cognitive process is and how it can be targeted. Next the need for proper research into the audience being targeted was seen and the importance of writing letters that will catch the attention of potential donors and get them involved. Finding out what exactly catches their attention will also lead to greater responses from donors. Finally, philanthropy was studied in relation to giving patterns based on social relations. The need for further research is essential to understand what types of communication will evoke the needed response which will result in greater philanthropy.

3. Methodology

Fundraising is creating a campaign that will motivate people to give. Organizations must define their mission statement clearly to identify the goals they intend to fulfill. Each year they must set goals they want to achieve and design a campaign that will show the needs clearly enough to motivate people to give. The above research shows that an organization needs more than just a brilliant communication plan. The foundation must also find out what specifically it will take to draw attention to their needs. For these reasons there are two questions that will be answered from the analysis of the letters. The first is, "How does communication from a hospital foundation effectively motivate their community to give money to their program?" The second question is, "How does the donor's response motivate the foundation to continue to attract donations?" One cannot function without the other; therefore, it is critical to understand the relationship between the two.

This study contains a series of steps that led to the final research project. The study began with a textual analysis of four appeal letters from a cancer centre in Canada. The letters were reviewed to find overall themes in their writing style to attract donations. The letters were compared for similarities and observations were made as to the specific format. This was done to ensure there were similarities in the letters and to understand an overview of the letters before getting more in depth later. From this pilot study eight more letters were added to the group and the letters were re-analyzed with a more specific criterion. Once these letters were thoroughly analyzed two sample letters were written for the main research portion of this study. The letters were written based on the findings from the textual analysis using both identifiable victims and statistical victims.

Next a survey was created to accompany these letters to understand the motivation of a student to give, based on an appeal letter. The survey was then tested in a pilot study environment to ensure that the questions being asked were clear and easy to understand. The main purpose here was to see if the survey would provide adequate feedback from the respondents on their motivation patterns from the letters. Following the pilot study adjustments were made to both the letters and the survey. The revised letters and surveys were then distributed to students in a freshman university class to read and respond to. The surveys were collected and the results were tallied for the purpose of this study.

Textual Analysis Pilot Study

The first step of this study was to do a textual analysis of donor letters from a current cancer foundation. A textual analysis was done on one grateful patient letter and three quarterly donor appeal letters from a central south western cancer centre in Canada. A grateful patient letter is sent to past patients of the cancer centre with the ideology that since they have been treated, and are now experiencing a better life due to their treatment, they will then make a donation so other patients can be helped. If the patient makes a donation as a result of this letter they are then added to the regularly solicited donor list and are sent quarterly letters.

The quarterly appeal letters are sent to the cancer centre's current donors in their database, informing them of the ongoing need for donations in the centre and the community. The current donor database is made up of the names of people who have made donations in the past, regardless of the size and reason for the donation. Many donors are added to this list as the result of a donation made in memory of a friend or

loved one at a funeral. The idea here is that they will continue to give in memory of the person loved, and in an effort to protect others in the future.

Three of the quarterly letters were standard seasonal letters, while the fourth was a holiday appeal to donors. For the analysis, the text of the letters was looked through carefully to pick out themes that would encourage donors to give. Overall themes were evident in each letter, and these themes became the basis for the future survey tool. The letters were also looked at for format, to see if each letter followed a specific type of format. Each letter was searched using specific criteria to ensure that they were all analyzed from the same perspective.

The appeal letters analyzed were written by the major gift officer of the foundation. The role of the letter is to raise money for the foundation, which will then be given to the facility. The money given is then directed toward research of the disease or toward expansion and renovation of the facility. The intended audience is specific and direct. The letter is directed towards past patients of the centre, as well as the community in which this centre is located, and anyone who has made a donation to this centre in the past. Direct statements throughout the letters are made as to the difference a donation will make to the community in which the donor lives. The need for directness toward the audience was noted in this survey and this technique was used to create the letters used later in the study as one of the survey tools.

The analysis of the letters revealed a number of different characteristics. The letters do follow a specific format starting with showing the success of the Centre thus far, followed by the continued need for support. Next the author of the letter focuses on the adversity of cancer using both identifiable victims and statistics victims to pull on the

heart strings of potential donors. Next the letter shows what the audience can do about the situations they have just read about, which is give money, and how their money can help. If the donor believes that giving money will result in helping find a cure and possibly preventing themselves or someone they love from getting this disease, they are more likely to donate. Finally, the letter finishes by thanking the donor.

The letters continually stress the success of the Centre followed by the need. This is seen specifically in statements such as this one "we have won many battles in the war on cancer-but there are more to fight" (Grateful Patient, 2007). The foundation realizes that cancer is not at the point where promises of a cure can be made; however, they want to also instill hope in the donors. By saying they have won many battles they are emphasizing that donations made in the past have gone to good use, but they also need this continued support. "Although the truth is we sometimes lose a battle to cancer, we never give up the fight against it" (Holiday Appeal Letter, 2005). This statement shows that they want the donors to realize that they will not stop fighting until there is a cure, and the donor should also choose to do so, "so that one day, cancer will be beaten" (Fall Appeal Letter, 2006).

The letters then show the adversity of cancer. "And cancer plays no favorites. It attacks the young and healthy, the old and infirm, the rich and poor alike. It touches all of us in a profound and lasting way" (Grateful Patient, 2007). This statement emphasizes that people of all ages and all walks of life suffer with the disease. No one is safe from cancer. As seen in the studies above done by Weiner, Perry and Magnusson in 1988, when people believe stigmas such as cancer are due to chance or misfortune they are more likely to give. Showing that no one chooses to have cancer but people are instead

infected by this deadly disease by unknown cases makes people more willing to help through donations.

The adversity of cancer is again seen specifically in the holiday appeal that is sent out when they say, “regardless of your faith or beliefs, for many the holiday season is a time for celebrating - for sharing treasured family traditions with loved ones and friends” (Holiday Appeal Letter, 2005). This quotation evokes empathy in the reader. The letter then goes on to say “But this year, for some people, the holidays will only serve as a painful reminder of a family member or friend lost to cancer. An empty seat at the table…a missing loved one” (Holiday Appeal Letter, 2005). The reader can either relate to this feeling, through personal experience, or wish that they never have to feel this in their family. They feel guilty that some people will experience such loss during this holiday season.

The foundation also uses identifiable victims, as defined by Small, Loewstein and Slovic in the research above, to help the donor relate to the individuals in need. Their studies have shown that people are more likely to give to an individual rather than a large number of statistics due to the fact that an individual is less overwhelming than multiple statistics (Small et al., 2005). In the case of the fall 2006 appeal letter, the foundation used Wayne McGuinness’ story to show what those affected by the disease are doing to raise money. They shared about his bicycle tour to raise money for ovarian cancer after the passing of his wife from cancer. He trained for a couple of weeks while also raising money, then rode all over Ontario informing people of the devastating effects of ovarian cancer. The letter shows what he, as a single individual, was able to accomplish when he set out to raise money for cancer. When the donor sees how his life has been touched and

the effort he has made to stop the disease, they feel compassion for his cause and also want to become part of the cure. "His dedication and efforts are inspirational - a shining example of how each of us can fight for a cure" (Fall Appeal Letter, 2006). Through his experience the message is then passed to the donor that they too can leave an impression on the cancer facility from their donation.

The stories of the victims and the needs of the foundation lead the donor to what the foundation is asking them to do, make a donation. They are specifically asking them to give money to continue research protecting the donor and those they love from the deadly effects of cancer. They stress the focus on research to help avoid future cases of cancer. While cancer as a whole seems overwhelming, the letter identifies this fear and gives the potential donor something else to focus on. The letters remind the donor that cancer victims are treated individually and therefore we should look at helping individuals that suffer from cancer rather than cancer as a disease. By placing the focus back on the individual, donors are more likely to see how their contribution will help and therefore they are more likely to give. Such an approach is consistent with attribution theory whereby people are motivated to act based on guilt and obligation for those less fortunate than themselves.

The appeal letters then place the need in the hands of the donor. With statements such as, "Yes, the numbers are alarming, but there is hope. That is why we are turning to you" (Grateful Patient, 2007). The foundation is identifying the magnitude of the need, while also showing who they are relying on for a cure. They are promising hope for a better future with money given today. The foundation also makes a plea to the donor "We need you now more than ever" (Grateful Patient, 2007). Not only does this remind

the donor that the need is still present but it also reminds the donor that the need is continuing to grow. "Research holds the key to unlocking the many mysteries of cancer…" (Fall Appeal Letter, 2006) again pushes the need to fund research.

When the Cancer Centre actually makes their plea and asks for money they word it in a way that the donor feels as though they are contributing to something bigger than themselves. The actual request asks the donor to join against the fight. It makes the donor feel as though they are part of a team and together they will beat cancer. Statements such as, "This letter is an appeal to you - to ask you to join us in the fight against cancer, by making a donation to help support our ongoing research…" (Fall Appeal Letter, 2006) explicitly tell the donor they are asking them for money and are counting on their support to continue the fight. "You too have an important role to play in the fight against cancer" (Fall Appeal Letter 2005) specifically identifies that it is the responsibility of the reader to take action.

The following two statements "Your gift today is an investment in a better future for all Canadians, and will help to ensure that cancer will take fewer and fewer lives" (Fall Appeal Letter, 2006), and "The effect of your donation to the centre is felt in your own community and many others in Ontario" (Fall Appeal Letter, 2005) tell the donor that their donation is not only helping a single individual but is promising a better future for their community, province and country. Again the focus is on building a team that will take on something larger than themselves. Behaviors taken now promise results in the future.

This final statement again really pushes the donor to react to this letter "Please take a moment now, to show that you care" (Fall Appeal Letter, 2006). The assumption

is that if you do not respond to the letter you must not care about those suffering. They also show that your donation will have an immediate impact on a family who is suffering, "Your gift today will help to lessen the burden of cancer, and bring hope to many this holiday season" (Holiday Appeal Letter, 2005). Statements such as all those above give the donor hope that they can make a difference in someone's life.

While the action steps are made clear to help combat the need of the Centre, the Centre also makes taking action easy for the donor. At the bottom of each appeal letter is a detachable slip to be filled out and placed into the prepaid return envelope. The donor simply needs to fill in the amount of the donation they would like to make along with a check or a credit card number and their work is done. By taking two minutes the donor can relieve the feeling of guilt and join the fight to end cancer.

Methodology for Textual Analysis

From the pilot study specific themes and wording were found. These findings led to further research into specifics on how the letters were formulated. Eight letters were added to the original group of letters and each letter's content was looked at more thoroughly to see if the author was being clear and direct for the reader. The letters from the foundation were then reviewed to see what scheme was used to catch the audience's attention. Specific questions were outlined to see if the audience was clearly defined and how the foundation chose to address them. The object was to understand how to obtain the audiences attention, give them credible information, while also motivating them to give.

Creation of Donor Letter Tool

Two letters, one focusing on an individual victim (Appendix A) and the other focusing on a statistical victim (Appendix B), were written for the main research study. They were written based on the pilot study as well with the help of Mal Warwick's book How to Write Successful Fundraising Letters written in 2001 and Siegfried Vogele's 1984 book Handbook of Direct Mail. Mal Warwicks's book is broken down into sections starting with motivating the audience, and then focuses on the writer's plan of action. He states that commercial direct marketers believe there are five "great motivators" that explain response; fear, exclusivity, guilt, greed, and anger (Warwick, 2001). These themes have arisen in many other articles and were therefore used as a basis to start picking apart the motivation patterns of donors. Warwick believes there are at least 23 reasons why people might respond to a fundraising letter, and offers these as themes for the "hook" of a fundraising letter. His reasons are as simple as "because you ask them," and "because they have money available to give away" to more complex cognitive choices such as "because you (the foundation) recognize them for their gifts," "because you enable them to 'do something' about a critical problem, if only to protest or take a stand," "because you help them preserve their worldview by validating cherished values and beliefs" and "because you give them a sense of belonging" (Warwick, 2001).

Warwick makes suggestions on how to lay out the letter to make it readable to the audience starting with the postscript. While the postscript is generally added to the end of the letter in the form of a "P.S.", postscript can refer to any added information that draws the attention of the reader. In the case of fundraising letters the postscript can be a highlighted section of the letter which is bolded, in different font and off to the side. This

signals to the reader that this information is important and will more than likely get read if nothing else is read in the letter. Postscript is helpful to use when trying to direct the reader down the page. It stands out and keeps the readers eyes moving, while also stressing critical information. Siegfried Vogele says "eye-motion research reveals that the postscript is the first text read by 90% of all direct mail recipients" (Vogele, 1984). The postscript is the attention getter of the letter, therefore it is critical to carefully craft what is used in the postscript to ensure the readers continue to read.

Another important component is the first sentence of the letter. This is used as the beginning of a story, which will hopefully hook the readers attention before they even know it, because most of the time the rest of the letter is just skimmed. Warwick also suggests including amplifiers in the letter to provide the reader with little "yeses" to unspoken questions. The idea here is to answer the reader's questions before they even ask them (Warwick, 2001). The largest hurdle for any type of mail is to engage the reader in the first 20 seconds as few people have the time to read everything they receive in the mail. Vogele breaks the 20 seconds into three phases. He starts with zero to eight seconds suggesting the reader notes how the letter is addressed, whom it is from and decides whether to open it (Vogele, 1984). The next four seconds are spent examining the contents of the letter. During this time the reader has formed an impression of the letter before they have read anything (Vogele, 1984). The final eight seconds is spent doing a first run through, examining the pictures and collecting answers to silent questions (Vogele, 1984). During this time, if the writer is good, the reader becomes engaged. Therefore, it is critical to capture the audience's attention as quickly as possible and keep them engaged by answering all their questions.

Once the reader is engaged it is critical to spell out what the donor will receive as a benefit to making a donation. Give the reader a sense of urgency to ensure they do not archive or file the letter away with the intention to donate later. This needs to be avoided as 50% of those put aside are forgotten about (Vogele, 1984). The faster the reader is inspired to participate the more significant a response will be obtained.

During his studies with fundraising letters Warwick also hosted a ten person focus group to find out what donors like and dislike about fundraising letters. The purpose was to be able to write a compelling letter that also met the needs of the reader. He found six important points to keep in mind when thinking about the audience. First, donors need a lot of information to be persuaded to send a gift by mail. Although people think that they want something short, and the importance of catching the reader's attention in 20 seconds has already been discussed, it is also important to answer all the reader's questions. The second point found in the focus group was that, an appeal is too long only if it does not convey the information the donor wants. In other words, it is more important to answer all the questions than to keep it short. Next he found that readers are skeptical. Offering information about the unique character, the impact and the cost-effectiveness of the work will help to reduce the skepticism of the reader.

Fourth, Warwick found that human interest sells and probably doubly so in human service appeals. They suggested that stories, especially those about children, are a great way to humanize a letter. Cheryl A. Clarke stressed this in her book, Storytelling for Grant Seekers, as did Deborah Small, George Loewstein, and Paul Slovic in their article "Sympathy and callousness: The impact of deliberative thought on donations to identifiable and statistical victims." Clarke said, "storytelling is a powerful art form. It

has the ability to transport readers to another location and teach them about people they may know nothing about" (Clarke, 2001). Small, Loewstein and Slovic focused their study on how people responded to statistics versus identifiable victims. Their research showed that people are more willing to give to a specific person and their story rather than meaningless numbers.

Fifth, Warwick came up with the idea that if there is a way to misunderstand the message the donors will find it, so the written message must be clear and emphasize important points. He suggested the format and design affect the overall understanding of the letter.

Based on the above research, the pilot study, and other work found in the literature review, two fundraising letters were created to be used for this research. The first letter was written with an individual victim in mind (Appendix A). The letter outlined a specific cancer survivor's story identifying the road blocks he faced during his fight with this deadly disease. Immediately following the story the reader was told about a cancer centre in their region where they would be able to receive the same treatment if they were to face a battle with cancer. The letter followed the same format as those analyzed, finishing with action steps for the reader to take. The second letter was created with statistics in mind (Appendix B). The story of the cancer survivor from the first letter was replaced with alarming cancer statistics to evoke a response in the reader. The second half of the letter told the reader about the cancer centre in their region where they would receive treatment if they were to battle cancer and finished with action steps the reader could take to ensure their plight in a similar situation just as the first letter had.

The first section of each of the letters served as the independent variable while the second half served as the dependent variable.

Survey

The letters were then distributed to 220 students. Students were asked in the form of a survey about their likeliness to give based on two different appeal letters. Both letters had the same content; however, the format and tactics were changed. Students at a medium sized south eastern university were given two appeal letters followed by a survey which asked the students to reflect on their feelings about the letters. The purpose of the survey was to see which type of communication motivated the students to take action. The survey asked questions to prompt reasoning for the choices made toward the two alternatives. At the end of the survey an open anonymous personal check was made available to the students to make a donation to whichever letter made them feel so compelled, for whatever amount they felt compelled to give (Appendix C).

From the questions created in the survey, patterns were looked at to see what stimulates the students to want to give. The survey was created with many objectives in mind; however, the key objectives were to understand the motivation of a donor. The motivations were assessed in the form of a survey to see what the students felt was the most effective way to motivate them.

Survey Pilot Study

Before the final study was completed, a pilot study was done using the survey created to ensure the questions were understandable and that useable information would be collected. The surveys were handed out to a single section of students in a first year communication class at a mid sized south eastern university in the United States. Sixteen

surveys were distributed, all of which were used for analysis. The students were each given two letters, one labeled letter one and the second one labeled letter two. Letter one contained an identifiable victim and used a story of a cancer victim to attract the attention of the reader. Letter two had contained statistical victims and focused mainly on the number of people through the centre each day as well as annually. The students were asked to read the letters provided and answer the questions based on their feelings toward the letters. Based on the responses of the students it was evident that a third option should be added when asking the student which letter they preferred. The final survey used in the study was revised based on suggestions from the pilot study to add a third option of neither letter for those students who felt neither letter motivated them to make a donation.

The pilot study provided good information and feedback as to the student's feelings toward fundraising. The questions were asking the students to think about how they would respond if they were given the fundraising letters and for the most part the results came back as expectedly supporting the hypotheses created. It was also evident from their responses that communication from a hospital foundation can effectively motivate their community and local philanthropists to give money to their program. Likewise, the donor's responses motivate the foundation to continue to attract donations and change their message to suit the needs of the audience.

From the pilot study one question was removed as the information collected from the response was not useful. Originally the students were asked if they participated in fundraising initiatives followed by the question of why they participated. Ninety four percent of the respondents said they do not currently participate in initiatives so this

question was often left blank. This question was eliminated for the actual study as the results were unnecessary to the study as a whole. Therefore, the pilot study was useful because as it allowed for fine tuning on both the letters and the survey to ensure clear findings could be collected.

Purpose of the Study

The motivating force behind each donor is different; however, a common thread among many is the loss of a loved one. Nothing identifies a need more clearly than a personal experience. When a life is touched by tragedy, it is in the best interest of those effected to do whatever it is they can to change that for the future. Since this is not the case for all donors it is important to examine the other reasons that motivate people to become part of the solution. If the non-profit can understand what the needs of the donor are they will know what will make the donor feel compelled to give, and the foundation can then set out to ensure the donor feels valued. Quarterly newsletters, along with information on campaigns or events the charity is running make the donor feel a part of the solution. They will then become ambassadors to all those they come in contact with. By keeping them up to date with the news of the foundation and upcoming events, they might incidentally recruit new donors.

Three hypotheses were made based on the use of attribution theory to describe the behavior of potential donors. People are selfish by nature and therefore the number one motivating factor for people to give is personal experience. The attribution theory looks at behavior and causes of that behavior. Bernard Weiner, with his work on attribution theory looks at social stigmas, based on perceived causality, affective reactions, expectancies about the future and intended or actual action. These then define the

likeliness that someone will help. It is the personal experience and how helpless a cancer victim is that specifically unveils the need for donations.

Two research questions were explored in this study to understand the communication between a foundation and their donors. There were two questions examined for this study which were:

> **Question 1:** "How does communication from a hospital foundation effectively motivate their community and local philanthropists to give money to their program?"
>
> **Question 2:** "How does the donor's response motivate the foundation to continue to attract donations?"

By understanding what motivated the students and looking at the choices they made toward cancer specifically, these questions will be answered. This information can then be used to understand the motivations behind the giver.

First and foremost the research questions will be examined, however hypothesis have also been made as to what will be found during this process. These were created to complement the questions and point out patterns in the students thought process toward giving. Not all of the questions in the study ask specifically about cancer, however, there is a strong cancer influence throughout the study. Three hypotheses were made:

> **Hypothesis 1:** The adversity of cancer is used in each letter to motivate the reader to give due to feelings of guilt and obligation.
>
> **Hypothesis 2:** Readers are motivated by an identifiable victim because they feel they can make a difference, where statistical situations appear unattainable and therefore overwhelming.
>
> **Hypothesis 3:** The number one motivating factor for people to give is personal experience.

4. Results and Analysis

Textual Analysis

A textual analysis of appeal letters from a regional cancer centre foundation was conducted to understand the tactics used by the foundation to portray their need for donations. Eight appeal letters and three grateful patient letters were used. The appeal letters are sent out to all donors in the database in the spring, the fall, and during the holiday season. The grateful patient letters are sent to all those who received treatment at the facility in the previous year. The criteria for the analysis of the letters is outlined below:

1. Did the postscript catch the audience's attention?
2. Who is the writer? What is their role?
3. Can you tell the specific purpose of the letter?
4. Does it seem as though there is a clear audience?
5. Who is the intended audience for this letter?
6. What is the author's major claim or thesis?
7. Is the claim qualified (does the author hedge)? If so, how?
8. What is the exigency which prompted this writer to write?
9. What evidence or reasons does the author supply to support the claim?
10. How good are these reasons or evidence?
11. Why do you trust or distrust the claims and evidence?
12. Does the author offer any refutations? If so, of what?
13. How effective are the refutations? What makes them persuasive or unpersuasive?
14. Are all the questions of the reader answered?

2005 Fall Appeal Letter

The title of this particular letter is "Triumph over Adversity." This appeal letter, sent to all those in the foundation's donor bank, focuses on the need for research. The postscript on the front of the letter reads as follows "Research is paramount at the (foundation)… In fact we're known around the world for ingenious, innovative research designed to reduce the burden of cancer." Located on the front of the letter, this instantly tells the reader whom the letter is from and what the specific purpose of the letter is. In

this particular letter the front portion is dedicated to a story of two female doctors. The first is a doctor who started practicing more than 60 years before this letter was written, and over her career she had overcome much adversity including being the only member of her family to escape the attacks at Pearl Harbor during the second world war. Her challenges to become a doctor and practice medicine are then compared to a current physician at the cancer centre who currently battles the adversity of cancer she sees every day (Fall Appeal Letter, 2005). Since the front page of the letter is dedicated to this story the postscript is the only signal to the reader of what the letter is about. It is able to answer their question in the first 20 seconds after the reader begins reading. Their eyes will instantly skim to the side, read the postscript and according to Siegfried Vogele, as seen earlier; this will dictate if they are going to continue to read.

The writer of this appeal is the president of the foundation whose main job is to ensure that there is proper funding for the facility. He works diligently cultivating donors to ensure the work of the centre can continue. Since he is the author of the letter, this adds credibility in the eyes of the reader. He is taking the responsibility to inform the audience, or the reader, of what is currently being done as well as telling them what needs to be done to ensure a better future. The writer addresses the reader directly when he says "You too have an opportunity to play in the fight against cancer." Here he is placing hope in the hands of the donor. He is giving them a chance to help make a difference just as the women in the story have made, and are continuing to make, a difference through their work as physicians. The author is also successful at connecting the past to the present. He says "the (foundation) exemplifies triumph over adversity, our way is paved by generations of research pioneers and great scientists" (Fall Appeal Letter, 2005). The

president of the foundation is identifying the success that has been seen in the foundation with the work of those who have come before.

The thesis of the letter identifies this specific cancer centre as a research leader. This is backed up with descriptions of the work being done at the centre. The last couple of paragraphs of the letter better describe what is being asked of the reader. Again the author ties the past research to what needs to be done now and tells the reader that in order for progress to continue, donations need to be made to fund such initiatives. He connects research excellence with better lives for thousands of people, also suggesting this is only possible through donations.

This letter lacks the detail that some of the others do as far as explaining who the centre cares for and who specifically their research will help. The focus is on research rather than on the everyday cancer victim. While most of the questions of the reader should be answered, there is still room for questions in the mind of the reader as there are missing details. This letter focuses on repetition rather then a strong data focus. The only description of what the centre is for is to the side of the letter, but not in the engaging part of the script.

2005 Holiday Appeal Letter

The 2005 holiday appeal starts with a touching story of a grandmother writing a letter to her granddaughter. Unfortunately, by the time the granddaughter receives the letter her grandmother has lost her battle with cancer. This letter begins with a story of an identifiable victim to catch the reader's attention. There is no postscript on the front of the letter; however, the back portion does take advantage of the use of postscript. On the back they describe the patients of the cancer centre as being as intricate and complex

as crystals of snow. Not only does this catch the reader's attention but it is a clear comparison for their readers to make. Being located in an area of high precipitation, the intricacy and complexity of snow is applicable to the audience. It is also an excellent metaphor as this letter is accompanied with a "crystal of caring" – a complementary tree ornament for all those receiving the letter to display.

This letter is also written by the president of the foundation to all those who are past givers and who may know someone who has suffered with cancer. The specific purpose of this letter is to continue their tradition of giving an ornament to their donors and wishing them a happy, healthy, and safe holiday season. The letter encompasses all people by saying "Regardless of your faith or beliefs, for many the holiday season is a time for celebrating - for sharing treasured family traditions with loved ones and friends…for some people, the holiday will only serve as a painful reminder of a family member or friend lost to cancer" (Holiday Appeal Letter, 2005). They attract the audience's attention by relating to the audience and reminding them of their holiday traditions. The need to help those with cancer is then put in perspective when the picture-perfect Christmas is crushed by the reminder of those who will be grieving a loss during this season.

The author is also successful in making the problem seem more individual. They address this when they say "At the (foundation) we remember that each person is an individual" (Holiday Appeal Letter, 2005). In any foundation, when the problem becomes impersonal people do not see the need to help. It is when the problem is addressed in a personal fashion that people realize the adversity and uncertainty of

remaining healthy. They need to see how they will be, or could be, affected by the disease before they understand why they should be part of the solution.

The author also addresses refutations in the letter. He says "although we sometimes lose a battle to cancer, we never give up the fight against it" (Holiday Appeal Letter, 2005). This is critical to obtaining credibility with the audience. It is well known that cancer is one of the leading causes of death. If the author chose to say that no one ever dies at our facility there would be a complete loss of credibility. By addressing it he is showing that this still happens but they are doing everything in their power to stop it, and for that reason it is even more critical that the reader make a donation to the foundation. He asks the reader at the end of the letter to show they "share our hope for a better world -one where cancer is powerless over us" (Holiday Appeal Letter, 2005). This is asking the donor to join the fight and become part of something bigger then themselves. The way it is worded gives the donor confidence that the foundation is doing all that they can with the resources they now have and they will continue to do that with the resources you give them.

He finishes the letter by saying "P.S.," which is generally used in a letter to a friend from a friend, and continues with "Each of us know someone like Sarah or her granddaughter. The unfortunate truth is that, statistically speaking, cancer will touch most of our lives in some way. Won't you do your part to help fight this terrible disease" (Holiday Appeal Letter, 2005)? Just like a message to a friend this postscript personalizes the request and serves as a reminder to the reader that something needs to be done. We can not just sit still and hope for the best.

2006 Spring Appeal Letter

The Spring 2006 appeal was sent out to announce the innovative technology called brachytherapy that had been brought to the cancer centre. It is a "high-tech treatment that can make an impact on reducing the size of a tumor and improving the quality of life of people living with cancer" (Spring Appeal Letter, 2006). The postscript on the front of this letter summarizes the trouble one patient, from the other side of the country was having swallowing before he received this revolutionary treatment. The postscript is used to summarize what the letter is about, revolutionary treatment, while also grabbing the audience's attention with the use of a personal experience. The postscript on the back of the letter does the same thing. It states that the doctor who performs the procedure is an expert in his field and with this new technology the cancer centre is offering ground breaking treatment. By reading only the postscript on both the front and the back of this letter you have a pretty good idea of what the rest of the letter is about. The reader could make their decision to give based solely on the postscript of this letter.

Written by the president of the cancer program, the purpose of this letter is to notify supporters in the community of the facility in their region. The entire focus of the letter is on how the new technology works and the improvement it is over treatments done in the past. It is not until the final paragraph of the letter that the reader is addressed specifically. The letter reads "government funding only pays for a portion of these costs. What remains must be raised from private donations. This is why I am writing you today, to ask you to make a donation to support the (foundation) and its ongoing development of groundbreaking treatments" (Spring Appeal Letter, 2006). The purpose

of this letter is to inform the audience of the wonderful treatments the cancer centre offers and then ask the donor to make a donation to keep these options available to those who need it. The front portion is very informative, giving a clear description of the equipment, the staff needed and how the treatment works. While the back continues to inform the reader on the benefits of the treatment it is also on this side that the reader is specifically addressed.

The major claim of this appeal is again the groundbreaking work that is being done at the centre. The 2005 Fall appeal focused on research and the 2005 holiday appeal focused on how personal cancer is and the uncertainty there is with this disease. This spring appeal gives new hope for the innovation and equipment at this facility. In this letter an expert doctor in this area of treatment is introduced, along with a description of the recent expansion of the cancer centre and the purchasing of the high-dose brachytherapy machine. All this innovation prompts a need in the writer to gain more funding to help pay for these new additions.

The author discusses all the wonderful innovations at the centre but then finishes with how costly they are. The reminder here to the reader, is that while the cancer centre is doing all they can to provide the best treatments, they need your help to continue being world renown. This appeal is more informative then persuasive however through the reinforcement of what they offer the reader should be interested in how they can help. All the questions about this particular treatment are answered in this letter, however more details on the centre as a whole would be useful in persuading the reader to give.

2006 June Reminder Appeal Letter

The postscript of this appeal is especially effective as it was sent as a follow-up to the June 2006 appeal. The postscript reads "There is still time…" telling the donors exactly what the reason for the letter is (June Reminder Appeal, 2006). This clear statement reminds the donor they are still able to be part of the initiative and gives them clear action steps as to how to be a part. The president of the foundation reminds the audience, anyone who received the first appeal and has not yet made a donation, "you've shown in the past, that you support our ongoing efforts to combat this terrible disease" (June Reminder Appeal, 2006). He uses this statement to recognize their past contributions while encouraging them to give again.

In this letter, unlike many of the others the need is clear and specific. They are requesting donations to help pay for a qualified revolutionary new piece of equipment that has been purchased. They position the letter to highlight the benefits this piece of equipment will bring. It is the one centre in the nation that offers this technology; therefore, patients are travelling from afar to receive revolutionary brachytherapy and gifts are needed to cover the costs. The author of the letter uses statistics such as "since 2005 already 80 patients received a total of 200 treatments" (June Reminder Appeal, 2006). In other words, the equipment is being put to good use for those in need.

This appeal is short, which is all that is necessary for a reminder appeal as it is just a follow-up to an original appeal. Not as much information is needed as all the main points were already covered in the original letter allowing this letter to focus on generating an immediate gift from the donor. The letter is seen as credible as it is on

standard letterhead, and all the contact information for the foundation is available on the letter.

2006 Fall Appeal Letter

The Fall 2006 appeal contains no postscript on the front, however the postscript on the back of the letter is very effective. It clearly identifies and summarizes the letter as being research focused. Written by the president of the foundation, the letter starts with an individual's story to raise funds for research after the passing of his wife from cancer. The letter, like most of the others is part of the quarterly appeals sent out by the foundation requesting donations. This letter specifically focuses on research and the need for funding to continue the world renowned research being done at this facility. The letter is written to any past, present or future donors and even explicitly says "This letter is an appeal to you" (Fall Appeal Letter, 2006). The author is asking the reader, whomever they are, to take action based on what they have read.

The major claim of the letter is that this cancer facility is involved in world renowned research and they are improving cancer care through this work. The thesis of the letter states "Many clinicians, medical physicists and scientists work together to increase their knowledge through basic research in health science, supportive care and clinical trials" (Fall Appeal Letter, 2006). This reinforces what the foundation is doing to help and shows that all of these people are working together to find a cure. It helps to paint a picture for the reader of the many hands it takes to find a cure. This adds to the psychosocial benefits the reader will get from making a donation. By making a donation they are becoming part of something bigger than themselves. The author supports these claims and the thesis by having two doctors and researchers who work at their facility

support the claims. Two renown researchers in the field are identified, the first working with the Tumor Invasion and Metastasis group, and the other is identified as working with the Optical Diagnostic and Therapeutics group.

Throughout the letter they push the need for more research. They continue to connect research with finding a cure and finally reducing the instances of cancer. While the letter does contain information about the work in patient care currently being done at the facility, the focus of the letter is on how much more could be done and how many more lives would be saved if a cure was found. Again, however that means they need money for research. While the need for research is clear in this letter there is less information than is normally included about the facility and who it serves.

2006 Holiday Appeal Letter

The letter opens with an anecdote, clearly identifying a grandfather and his grandson both receiving cancer treatment at the same time. The story indicates the bravery the grandson showed and the strength his grandfather received from the faith of a child. This touching story grabs the audience's attention and connects them to the victims who are in need of treatment. The authors, in this particular case, are the workers at the foundation who show the need of one family and connect it to the Christmas season. Since this is their holiday appeal they use the season, and traditional family celebrations to remind the reader of the love they have for their relatives and how vulnerable each of them are when it comes to cancer. Since the letters are going out to people who have made a donation in the past it is possible that they have lost a family member or friend to cancer. The letter serves as a reminder of the constant need at the

centre and offers the reader the chance to save another family who has fallen victim to this disease.

Once they have the reader's attention they identify the need for cancer related funding. The letter offers statics about the disease. They say "cancer is a disease that knows no boundaries. It attacks people of all races, faiths and ages" (Holiday Appeal Letter, 2006). This statement appears in a number of different letters as the major claim or thesis to point out to the reader, that no one is safe. While the first section connects the reader to a real life example the second section draws attention to the fact that no matter who the reader is, they are not immune to this disease. Specific individuals or their family members could be the next to battle cancer. Therefore the audience of this letter is anyone who reads it. Although the letter was sent to a specific person, if the letter was picked up by a neighbor or friend it should have the same effect on them. This specific letter is accompanied by a complimentary ornament for the receiver to hang on their tree. The idea here is to draw the attention of others who may visit the home of the donor and see their tree. This public display of care for the cause will ideally attract the attention of potential new donors.

The ornament also gives the recipient a sense of obligation to the foundation. The foundation made a donation of the ornament to the audience therefore the audience should feel obligated to make a monetary donation in return. Obligation is one of Weiner's causal attributions that people often make toward a certain behavior. Since the audience was given this free gift they feel obligated to give something back, causing them to make a donation.

The exigency of the letter is that cancer is killing at a fast rate and research into treatment needs to be done so lives can be saved. The author uses national statistics to show the need and the pace at which people are being affected. They show that the need is now, and we must act immediately to help save the lives that are currently in danger. We should not just give once, but instead we must also continue to give to find a cure. Statistics are given to show the rate at which cancer is growing and without a cure this will continue even further. The foundation clearly outlines the use of the funds in the centre. By showing the quantity of funds that are used in the centre the need is reinforced even more. The claims of the author are supported with statistics giving concrete evidence of the need. Phrases such as "…by the year 2020, incidence of cancer will grow by as much as 70%" and "we treat over 700 patients each day" reinforce the needs presented by the centre (Holiday Appeal Letter, 2006).

While this gives the reader evidence, there are no consequences attached to the need. If the money is not given there is no mention of what would happen in this case. Perhaps if it was made clear what would happen in the event of no donations, people would be more anxious to give. The foundation could also increase the response rate by suggesting a specific need that needs to be met. If the donor felt like they were contributing to a sizeable need rather than an endless hall of needs they may feel as though they could make a difference. Instead they rely on adversity of cancer as their method of collecting donations.

However, they do make the donation process easy for the reader. The bottom portion of the letter is created to tear off and send in to the foundation for easy processing of the donation. Pre-paid envelopes are also included in the letter to ensure the decision

to give is made immediately rather than giving the reader time to think about or forget about their desire to donate. This letter also offers credibility as it is tied to a centre in which the recipient has either received treatment in the past or has made a donation to in the past.

2007 Fall Appeal Letter

This appeal was sent out with a focus on research. The first page of the letter reviewed Dr. Alexander Fleming's finding of penicillin. The story of this once-called "miracle drug" serves as a reminder to the reader that we take modern medicine for granted. The emphasis here is placed on the need for research, like that done by Dr. Fleming, to find cures for other illnesses and diseases. The letter, written by the president of the foundation, is written as a narrative to the audience as to the world class research that is being done at this particular facility which needs to continue until a cure is found. The initial focus is on the precision of research done at the centre and the time it takes to unlock the mysteries. The objects of the research are also clearly outlined. The intention is to create long term partnerships with the donors until a cure is found. The president's main claim is that while the centre hires world-class researchers it takes many clinicians, medical physicist and scientists working together to have a profound effect on patient care. He refers back to Fleming's accidental discovery of penicillin and enforces the notion that none of the research at the centre is done by accident but instead is carefully thought out and executed. This is to assure the donor that none of their money will go to waste.

The audience of this letter is not explicitly clear, but like many of the other letters the underlying message is that no one is immune from this disease and therefore no one is

safe. Instead, everyone should donate to help ensure they will benefit from discoveries made. Only a cure will ensure that no more lives are lost to this disease. It is the desire to fulfill this dream of finding a cure that sends this urgent letter to the donors. A donation to research will ensure that fewer and fewer lives will be lost to cancer. They suggest that a donation is a gift into a better future for all Canadians. Just like many of the other letters, there are clear, easy steps for the reader to take if they would like to make a donation. The side text of the letter reminds the reader that research to date has lead to a decline in the death rate of patients to cancer but not eliminated it all together. The postscript reads as follows "Research saves lives, your donations make it possible" (Fall Appeal Letter, 2007). They are putting the ability to help in the hands of the readers. The need has been made clear and now it is time for the reader to take action.

They have established credibility by reminding the reader of the groundbreaking research that is being done in their facility. They have also established credibility by sending quarterly appeals to their donors. Each quarter a letter is sent to their donors updating them on the current needs of the facility and reminding the donor of how they can get involved. By keeping the donors up to date they are remaining accountable on how the money is being used.

2007 Holiday Appeal Letter

The 2007 holiday appeal letter starts with a story of a girl taking her father to see the cancer specialist. The news received from the specialist was that this would likely be her fathers last Christmas. As the girl tries to be brave for her father, the story says she can not help but feel as though this is unfair. The story is accompanied by a picture of a girl writing in a diary giving the reader a face to match the story with. The front side of

the letter goes on to say how many people will feel the loss of a loved one to cancer this holiday season and create a need in the reader.

There is very little postscript on this letter, unlike many of the others. The only postscript is used to ask the reader specifically to donate and reads as follows "show that you share our hope for a better world- one where cancer is powerless over us" (Holiday Appeal Letter, 2007). This is a powerful statement to make a powerful appeal to the audience. Rather then reinforcing a bunch of different ideas to the reader they are simply highlighting the action step they would like the reader to take.

This letter is signed by the president of the cancer centre and sent to the centre's regular donors as a Christmas greeting and reminder of those facing loss this season. This letter is the third in their tradition of sending a snowflake ornament as a gift for their supporters and a reminder of the "one-of-a-kind miracles" you can be a part of when you make a donation. The text of the letter is very similar to other holiday appeals in that it stresses how many patients are treated per day as well as reminds how unique each of their patients are. They stress hope during the holiday season and ask the reader to take a moment now to be a part of the hope for a future without cancer.

2005 Grateful Patient Letter

The grateful patient letters are sent to past patients from the cancer centre that have completed their treatment and no longer require the services of the cancer centre. There is a clear difference in the format of these letters compared to those sent out to the community and donors who have not used the services at the facility. Appeal letters sent out to past donors who have not been cancer patients generally contain a story to catch the reader's attention. If the focus of the letter is on research, the story will be about past

researchers or a biography of a current researcher doing work at the cancer centre. The holiday appeals focus on stories of families and the loss people feel during the holidays. The grateful patient letter instead addresses the problem from a more statistical standpoint. They directly address the "incredible challenge on our hands" (Grateful Patient Letter, 2005). They discuss how alarming the instances of cancer are and tell the reader that they, as a centre and a foundation that raises money for the centre, are "fighting back" (Grateful Patient Letter, 2005). The individual victim is not needed in these letters as the reader of this letter is the victim. They have battled cancer and know what it feels like to receive the news and participate in treatment. The picture does not need to be painted for them as they have painted it themselves. This letter instead serves as a reminder to them that they are not the only one who has suffered with this disease. There are many others who are also suffering and need generous donations to help find a cure.

The letter itself has a very strong local appeal to it, in that it represents a cancer centre in the region in which the majority of its audience lives. It reminds the reader that the centre serves the community in which they live in while serving the audience's family, friends and neighbors. The letter reinforces over and over what is being done at their facility and that any money donated will stay in their community and go towards improving their equipment. The patient receiving this letter was treated at this facility and would be treated there again if they were to relapse with cancer. Their donation would act as re-assurance for state of the art facilities at this centre. The tone of the letter is more statistical than personal compared to the other letters. The author clearly identifies the instances of cancer in Canada and how these numbers are expected to grow

in the next couple of years if we are unable to find a cure. The facts about the facility itself are also outlined to the reader. They reinforce that it is a state-of-the-art research and treatment facility. This tells the patient that they have received the best possible care they could have received anywhere else. Next the letter outlines specifically the region it is responsible for, including the number of people who are reliant on the care from this facility if they were to be diagnosed with cancer. They also take this opportunity to remind the patient of the recent "Hope can't wait" fundraising campaign which lead to a significant expansion of the cancer facility. They emphasize that the support they received came from generous donors including individuals, businesses and corporations in the community. Next the reader is shown the money was put to good use to increase the number of treatments that could be administered each day.

The only time the patient is directly spoken to, is when the letter asks them to make a donation. The letter reads "We need you now more than ever. As the threat of cancer increases, we must increase our efforts to find new and effective treatments" (Grateful Patient Letter, 2005). The final paragraph continues to make this connection with the potential donor with the second to last line reading "Your donation will help us provide the best possible care for someone who is battling cancer, and give relief and support to their families and friends" (Grateful Patient Letter, 2005). The last part of that sentence is really interesting when they specifically address the needs of the patient's family and friends. As a past patient, the reader of this letter knows how their family and friends were affected by their illness and if given the chance they would want to protect others from having to suffer with the same thing.

Another difference seen in these letters from the regular appeal letters is there is suggested amount for the reader to give. In all other appeal letters the donation size is left up to the readers discretion, however in these letters there is a focus more on making them regular monthly donors rather then quarterly or yearly donors. They suggest monthly increments that could be given to make a difference.

The 2005 Grateful Patient letter is very different from those which followed it. This letter was printed on the foundations letter head and was spread onto three separate pages. This letter is much less visually appealing than the others. There is a lot of white space on the page with the writing very spread out. Certain sections are bolded to make them stand out more however; the font is the same size throughout the letter. Compared to those that follow it, the 2006 and 2007 appeals, this letter appears unprofessional and lacking credibility. Another difference is that this letter does not contain a tear-off portion at the bottom of the letter to be filled out and mailed in like those that follow it. Instead it is a separate slip that could be lost when the mail is opened. The letters that follow it make it convenient for the reader to make a donation incase they do not make a quick decision and return to it later, all the pieces they need are right there for them.

This letter, written by the chief medical oncologist at the centre, focuses on the growth of cancer instances and what the cancer centre has been set up to do. The facts are clearly laid out to the reader of who the facility is for and how many people are treated their weekly and annually. It almost seems as if the letter moves from one idea to the next without a smooth transition. The second page of the letter contains two endorsements from people who have experienced what the centre has to offer. These two

personal accounts give a humanistic approach to the letter and add credibility in the eyes of the reader.

2006 Grateful Patient

The 2006 Grateful Patient appeal appears different to the 2005 Grateful Patient in that the 2006 letter used pictures along with the logo rather then standard letterhead for the letter. This letter appears more official and credible due to its graphic design work and the layout of the pictures. The letter is written by the same person as the 2005 letter and the text is very similar in both. It is the layout of the letter including the pictures, postscript and varied font that make this letter more visually appealing than the 2005 letter. The 2005 version seemed very cold and unprofessional, relying more heavily on the text then the visuals to catch the audience's attention. The text is smaller and more condensed which again is more appealing to the reader, than the 2005 grateful patient. The coloring of the picture blends nicely with the colors chosen for the type of the letter, all matching the official foundation colors and logo. This ties all the pieces of the letter together causing the eye to flow through it smoothly.

In 2006, high-dose brachytherapy was newly added to the treatments offered at the facility. The 2006 Spring appeal focused on the cost of this machinery in their appeal to raise money. On the front side of this letter there is a picture of the brachytherapy machine used to perform this type of treatment. The picture serves as a reminder of this groundbreaking equipment and the need for funding to pay for it. On the back of the letter there is a picture of a patient smiling, as well as a nurse delivering medications and picture of monitors used for brachytherapy. All these serve as reminders to the past patient of their experiences at the centre.

The text of the letter is identical to that of the 2005 Grateful Patient, reinforcing who the facility is set up for and how many patients are treated a year. The only difference is the letter is signed by the president of the cancer centre. The postscript of this letter enforces the growth of this disease by showing 70 percent on the side of the letter, which is approximately three quarters of the page tall. This is to embed in the mind of the reader the growth rate of this scary disease. The postscript at the end of the letter is what differentiates each letter from the different years. The postscript of this letter reinforced their facility as the second largest centre in Canada and among the top in the world. Again they mention their growing reputation as a world class facility but remind the reader that this is only possible with their support.

2007 Grateful Patient Letter

The 2007 Grateful Patient letter has a picture of a bald man on the front, to clearly represent a cancer victim. In the background of the picture there is another patient meeting with doctors and others receiving treatment. These pictures clearly depict a normal day in the cancer centre. The pictures are used to bring back the same feelings the reader had when they were receiving their own treatment.

Postscript is used heavily in this appeal to catch the reader's attention. Since this letter is serving as a reminder of the need to those who have already been to the facility, the postscript allows the reader to quickly scan the letter and decide instantly if they are going to respond to it or not. On the back the postscript reads "When cancer strikes, we must be armed with the newest technology, if we are to combat it successfully" (Grateful Patient Letter, 2007). From a patients standpoint this would be their desire, that when illness hits there is some form of treatment that will help them return back to their normal

everyday life. The urgency is there, since the patient themselves has experienced it and would like to never have to experience it again.

The letter again has a very strong local appeal to it. The author is the president of the foundation and he reinforces over and over what is being done at their facility. Since the patient was treated at this facility and would be treated there again if they were to relapse, they are assured that their money will be going toward their own treatment or the treatment of their friends or family in the same community. This letter finishes by saying through research the scientists at the centre are renewing hope that one day cancer will be beaten and the (foundation) is a lead player in this hope. They are asking the reader to help be a part of the hope of one day beating cancer.

Overall Consensus from the Letters

The letters from the foundation are effective in creating a picture for the reader of what the needs of the facility are. Each letter contains a picture of a possible patient. It gives a visual to the reader of whom the letter is specifically about. Each appeal gives a personal touch and is aesthetically pleasing to draw the reader in. The postscript of the letters is often helpful to catch the attention of the readers and reinforce the main claim of the letter. Not only were they visually appealing, they also pointed out key information allowing the reader to only skim the letter and not read it fully. The themes of the letter and often the thesis of the letter are printed in the postscript explicitly outlining the main reason for the letter.

The writers of the letters changed depending on the need and the feeling of the appeal. Most times however the letter was coming from the president of the foundation or from those working directly with the funding raised. The writer of the letter almost

always starts the letters with an identifiable victim to give the letter a human appeal. Stories are used to connect the donor with a person who is suffering from the disease and give a personal connection to the disease. By identifying to the donor, the adversity of the disease, and showing victims just like themselves, the hope is that the reader will connect with them and want to help them.

The specific purpose of each letter is to attract donations. This is clear from the detachable bottom and the addressed pre-paid envelope included in each appeal. The detachable bottom also says "If you live here…give here." This reinforces the need for those using the facility or living in the region in which the facility serves to give generously to ensure the facility is there if they one day need it.

The audience of the appeals is always the same. The letters are addressed to those who have made donations in the past, and the foundation is hoping will make a donation again soon in the future. The author's major claim in all the letters is that "cancer does not play favorites". Although it may not be worded in that exact manner in each letter, the letters all carry the same tone. The statistics show that the number of people falling victim to cancer is a growing number and there is nothing the donor can do to protect them self from also falling victim to cancer. The donor's only hope is to donate to increase the chances that a cure will be found.

From the letters analyzed a pattern was found in the different appeals. First, the spring appeal serves to announce new innovation at the centre. They are specifically talking about new treatments at the facility. The fall appeals all focus on the research being done at the centre and the need for research to find cures and better treatments. The holiday appeals, sent out before Christmas, focus on family and friends. They have

the most personal connection with stories the audience can relate to. Finally, the grateful patient letters focus on statistics and tend to have a less personal approach to the letters; instead they are more of a reminder of the growing need of individuals just like themselves. The stress of the letters is the growth in numbers and the need for a cure.

The claims in each of the letters are qualified with statistics to back up the need statements. They are able to show the number of patients seen at this particular facility each day as well as annually. The appeals include the official logo of the centre and the foundation, along with contact information for the foundation. The website is also included at the bottom to answer any additional questions the reader might have.

Survey Results

A survey, (Appendix C), was created to understand the motivation pattern of donors in relation to an appeal letter. The survey was handed out in accompaniment with the appeal letters which were created based on the textual analysis of fundraising letters, and for the purpose of testing their motivations. The surveys were handed out during a large lecture class period of students from 12 different sections of a first year communication class. The survey took place at a mid size south eastern university in the United States. During this experiment 220 surveys were distributed, while only 184 of those collected were able to be used. Those unused were due to incompletion of the survey or were not handed back in by the respondent. From those collected 104 of the respondents were male leaving the remaining 80 respondents to be female. The students were each given two letters, one focusing on an identifiable victim labeled letter one, and the second one focusing on statistics labeled letter two. They were all given the same

directions from the front of the class, where they were asked to read the letters provided and answer the questions based on their feelings toward the letters.

As anticipated in hypothesis number two, 63 percent of the respondents chose letter one to be more effective in motivating them to give. Of the 63 percent who chose this letter, 46 percent were female and 54 percent were males. This result agrees with hypothesis one (H1) which says readers are motivated by identifiable victims rather then simply by statistics. Letter two was selected by 34 percent of the respondents, while three percent of the respondents reported not being motivated to give by either letter. A chi-square analysis was also done with the numbers received from the survey. It was found that the P value for males selecting letter one is less than 0.0001, as seen in Chart 1 (Comparison of Donations in Response to Identifiable Victim (Letter 1) & Statistical Victim (Letter 2). When looking at the letter selection of females, they also selected letter one. The P value equals 0.0007, also illustrated in Chart 1. By conventional criteria, these differences are considered to be extremely statistically significant.

Chart 1

Comparison of Donations in Response to Identifiable Victim (Letter 1) & Statistical Victim (Letter 2)

	# of Males*	# of Females**	Total
Letter 1	63	54	117
Letter 2	38	24	62
Total	101	78	179

*Chi squared equals 16.899 with 1 degrees of freedom. The two-tailed P value is less than 0.0001

** Chi squared equals 11.538 with 1 degrees of freedom. The two-tailed P value equals 0.0007

The next section of the survey asked the students to describe how each letter made them feel. It was hypothesized that students would feel obligated or guilty leading them to give based on the adversity of cancer. What was found from the survey was both male and female students who had picked letter one reported the one word that best described how they felt was "sympathetic" answered by 12 percent of the respondents. Other popular words from these respondents were "compassionate" with eight percent of respondents choosing this word to describe how they felt. Six percent of the students chose "sad" and another six chose "personal" as words that described their feelings toward this letter. The only other word that evoked a response was "hopeful" with a 4 percent response. Overall the words chosen to describe the letter by those who were motivated to give were feelings of emotion or a desire to help this cause. When these same respondents were asked to report on how letter two made them feel, 17 percent responded with "informed." Other popular responses were "bored," "statistical," "guilt," "obligation," "pressured" and "overwhelmed". The response to this letter was that it seemed very impersonal and like an advertisement.

When the respondents who chose letter two as being more motivational were asked to pick a word to describe how they felt when they read letter one the number one and two responses to this letter were "sympathetic" with 7 percent in agreement, and "sad" with a 6 percent response rate. What was found when comparing the responses to those who had chosen letter one, was that the words chosen to describe the letter were the same words, mainly all synonyms for sympathy. When asked to report how letter two made them feel, the most common response was "informed" with 20 percent of the respondents choosing that response. There was less consensus on words, however the

words chosen were mainly synonyms of “inform or information.” The pattern here was that these respondents liked how direct the letter was as opposed to a more emotional or personal appeal. They found the bare facts to be what motivated them rather than a biography.

The third question asked the participants to select the answer from the list below of the reason they made a donation to the letter they did. The reasons listed were personal experience, I care about cancer, obligation, guilt, fear and ability. Of those respondents who choose letter one the majority said the reason they would give to letter one is because they personally care about cancer. While caring about cancer lead the responses with 38 percent choosing that response, personal experience followed with 26 percent and ability came in third with 15 percent. Respondents from letter two also chose caring about cancer as there number one reason to donate to letter two with 43 percent in agreement, followed by 20 percent due to ability and 17 percent due to personal experience. Those who chose neither letter as being more motivational choose guilt as being the reason they would give if they chose to do so. These results disagree with hypothesis number three. The expectation was that personal experience would be the number one reason for people supporting cancer. However, the main reason the respondents said they would give was because they cared about cancer. These numbers were also analyzed using a chi-square analysis. The two-tailed P value is less than 0.0001. By conventional criteria, this difference is considered to be extremely statistically significant.

Chart 2

Reasons for Choosing to Donate to a Non-Profit Cancer Foundation by Type of Self-Professed Attribution

Reasons for Choosing to Donate	Number Choosing Response*
Personal experience	44
I care about cancer	77
Obligation	18
Guilt	10
Fear	6
Ability	39
Total	194

*Chi squared equals 107.495 with 5 degrees of freedom. The two-tailed P value is less than 0.0001

Next the students were asked to choose between letter one and letter two in relation to a list of qualities based on the readability of the letters. They were asked to respond on the clarity, cohesiveness, authenticity, ease of response, appropriateness, and engaging copy of the two letters. Each student selected whether they thought letter one or letter two contained the qualities listed. Both males and females who chose letter one as more motivational also said that this letter's best quality was ease of response with 87 percent of the respondents choosing this quality. This same group of individuals, those who felt letter one was more motivational than letter two rated letter two's highest quality as being clarity by 55 percent of the respondents.

The respondents who thought letter two was more motivational however were split in their analysis of the two letters. The males in this group chose letter one for its ease of response with 50 percent of these respondents agreeing. Males chose letter two for its clarity by 100 percent of the respondents. The females who felt letter two was more motivational than letter one reported letter one with 54 percent of the respondents agreeing as being more authentic. Females selected letter two for its appropriateness with 92 percent of these respondents believing it was more appropriate. The respondents who chose neither letter as more motivational than the other felt letter one contained more engaging copy, 86 percent of the respondents chose this answer. Letter two was selected for the cohesiveness of the letter by 66 percent of the respondents in this group.

In the question that asked students to choose between two diseases listed, the students were asked to decide between cancer and another illness and circle the cause they would support. Ten diseases were listed, each compared to cancer and the students were asked to select the disease, they would support if given the chance to do so. This

question was based on work done by Bernard Weiner, Raymond Perry and Jamie Magnusson in their article "An Attributional Analysis of Reactions to Stigmas" from the University of Manitoba. In their work they tested for the same thing while looking to see how students would respond to stigmas that had a mental-behavior origin (AIDS, child abuse, drug addiction, obesity, and Vietnam War syndrome) and would be perceived as more onset-controllable than those which were physical (Alzheimer's disease, blindness, cancer, heart disease, and paraplegia). The predictions were that mental-behavior would elicit less liking, pity, assistance, and charitable donations.

This study found that males who chosen letter one as being more motivational, when given the choice between cancer and another disease they chose cancer, as the disease they would contribute to, in all but two instances. The first exception was child abuse with 77 percent of the respondents choosing child abuse, while the other 33 percent chose cancer. The second instance was heart disease, chosen 63 percent of the time over cancer, which was selected 47 percent of the time. The female respondents who also thought letter one was more motivational chose cancer the majority of the time with the exception of AIDS, child abuse, and heart disease. When given the choice between cancer and AIDS, this group of females chose AIDS, with 57 percent selecting AIDS over cancer. Child abuse was selected 96 percent of the time over cancer and heart disease was chosen 52 percent of the time over cancer. However, all of the other respondents indicated that they would give to cancer more often than to drug addiction, obesity, Vietnam War syndrome, Alzheimer's disease, blindness and paraplegia.

The male respondents who felt letter two was more motivational responded similarly to the females who selected letter one choosing cancer as the illness the would

contribute toward most of the time with the exception of AIDS, child abuse, and heart disease that were selected more often than cancer. When this group was given a choice to support cancer or AIDS, 53 percent of the respondents chose AIDS while only 47 percent chose cancer. Child abuse received 71 percent of the responses over cancer which received 29 percent of the responses from this group. Heart disease was chosen 63 percent of the time while cancer was selected 37 percent of the time as the sickness they would donate to. The females who also chose letter two chose cancer the majority of the time, with the exceptions of AIDS, child abuse and drug addiction. AIDS elicited 58 percent of the responses when compared to cancer, child abuse attracted 96 percent of the responses when compared to cancer and drug abuse attracted a surprising 54 percent of responses compared to 46 percent who chose cancer.

Looking at the overall trend from the results, cancer is chosen over the other diseases every time with the exception of AIDS, heart disease, child abuse, and drug abuse. AIDS was selected by 51 percent of the respondents with a small margin over cancer. Heart disease was also selected 59 percent of the time over cancer. The only disease that was clearly favored for donations was child abuse which received 88 percent of the vote.

Following their choices between cancer and other diseases they were asked on a 10 point likert scale "how likely would they be to give money to someone who they felt was responsible for their misfortune?" For the purpose of analysis the likert scale was broken into a low range, meaning "very unlikely to commit to giving" referring to anyone who selected below a four on the likert scale. The mid-range for analysis refers to anyone who selected a five, six or seven as their response to how likely it would be for

them to give. Finally, those who chose an eight, nine or ten were considered in the high range – likely to give if they had the ability to do so. This study revealed that 40 percent of respondents who had chosen letter one as being more motivational were unlikely to give. The other 60 percent were split between the mid level of giving (38 percent), and the high likelihood of giving (21 percent). From the respondents who chose letter two 48 percent said they were unlikely to give to someone they felt was responsible for their misfortune, while 31 percent said they might give and 21 percent were in a high likelihood that they would give.

The next question then got more specific focusing on a specific cancer patient. The students were asked if they thought Craig King, the cancer survivor from letter one, was responsible for his plight. Ninety three percent of the respondents to the survey (including letter one respondents, letter two respondents and those who choose neither letter as more motivations) said that he was not responsible for his plight while the other seven percent of the respondents said that he was. When asked if they would donate to help find a cure for others like him, the response was similar with 94 percent saying they would donate and six percent saying that they would not donate to find a cure for others like him.

From the respondents that said Craig King was responsible for his plight two groups emerged. The first was that 86 percent of those who said they would not donate were males. Second, 57 percent of those who said they would not help left the check at the bottom of the page blank, suggesting that they would not make a donation at all. The final question of the survey asked the students to make an anonymous donation to the letter they felt was more motivational on a personal check that was provided at the

bottom of the page. Although the checks were fictitious the contributions were analyzed and compared to the rest of the research findings. Fifty-seven percent of the students who said they would not donate then followed through with this statement at the end of the survey by not filling out the check provided.

Again the students were asked "what is the level of support you would give Craig King if you had the money to do so?" This question was asking the students what level of support they would give a stranger or fictional character if they were sent an appeal letter. As indicated above, the likert scale was divided into three categories. The low range included anyone who selected below a four on the likert scale, meaning those who would not give to someone like Craig King. The mid-range for analysis was anyone who selected a five, six or seven as their response to how much support they would give. Finally, those who chose an eight, nine or ten were consider in the high range and were therefore likely to give as much as they could if given the ability to do so. The results showed that those respondents who had selected letter one as being more motivational had a 66 percent response rate in the high category, meaning 66 percent of the students would give as much as they could if given the chance. Twenty nine percent of the students fell in the mid range and only four percent said they would not give much. The responses to this question were almost completely evenly balanced between the male and female ratings from this group. Neither gender was more generous than the other; males were as willing to give as females in this group. Those respondents who chose letter two as being more motivational sat in the mid range of whether they would give or not with 52 percent of their respondents choosing a five, six or seven as the amount they would

choose to give. From this same group 39 percent were in the high range and eight percent fell in the low range.

Next the students were asked what their level of support would be if Craig King was a family member. This question was posed to see if there was a difference in the level of support the students would give to a stranger versus a family member. Again, the likert scale was broken into a low range which included anyone who selected below a four on the likert scale, meaning those who would not be likely to give to a family member. The mid-range for analysis was anyone who selected a five, six or seven as their response to how much support they would give. Finally, those who chose an eight, nine or ten were considered in the high range and therefore likely to give as much as they could if given the ability to do so. When the victim was changed to a family member there was a significant shift in the amount of support the students would offer. Those who were motivated by letter one chose the high level of support 92 percent of the time, which would indicate they would give as much as they could. This same shift was seen in those who chose letter two. They also chose the high range 90 percent of the time while 77 percent of those respondents selecting the greatest amount they could give.

The students were also asked to respond to their feelings on charitable giving. The options given to them were charitable giving is; a social responsibility, moral duty, I get psychological satisfaction, status, and achieving social agenda. The survey found that moral duty was selected as the number one reason for charitable giving by 62 percent of all respondents. This number was evenly divided between both males and females as well as respondents from letter one and letter two. The second reason for giving was social responsibility with 30 percent of respondents in agreement followed by

psychological satisfaction as the third rated reason for giving with seven percent of the vote. Status was chosen by two students while social was selected by one person as reasons for charitable giving.

When asked how many students were currently involved in any fundraising initiatives it was found that only 19 percent of the students were currently involved in an initiative, 76 percent said they were not involved in anything and the remaining five percent left that section blank.

The final step of the survey asked the students to write an anonymous check to the letter they felt needed it more. They were asked to make the check payable to the order of either Letter 1 or Letter 2. From this section, the importance of clear branding or designation of organization was found. Even though the students were given clear instructions to write the check to either letter one or letter two the checks came back with a number of responses from Craig King himself, the victim of letter one, to cancer, cancer research centre, and the Hope Can't Wait Campaign which was mentioned in letter two. The majority of students who selected letter one as being motivational chose to give their donation to this letter. From both female and male respondents the most common donation was 100 dollars which was selected by 13 percent of the female respondents and 21 percent of the male respondents. The rest of the donations fell anywhere between zero dollars and various other large sums of money, therefore there was no clear reason for the amount chosen by the individual.

Respondents from letter two had similar results in that the majority of both males and females who gave to this letter chose 100 dollars as the most common gift amount. Females gave 100 dollars 12 percent of the time followed by 50 dollars eight percent of

the time, 200 dollars eight percent of the time and 2,000 dollars eight percent of the time. Males from the letter two group gave 100 dollars 20 percent of the time and 50 dollars ten percent of the time. Again, this group's donation amounts ranged from fifteen dollars and twenty five cents to as much as I could, to 12 million dollars. Again all respondents received the same directions and the students were given complete control over the amount they chose, yet some picked small amounts which they could likely afford to give now and others chose large fictitious amounts.

Summary

First, from the letters analyzed hypothesis one was proven correct. In each letter in many different forms the adversity is shown. The letter uses phrases such as "cancer plays no favorites" to reinforce the need for people to fear this disease.

From the survey hypothesis number two, readers are motivated by an identifiable victim because they feel they can make a difference, where statistical situations appear unattainable and therefore overwhelming was proven correct. The survey showed 63 percent of the respondents chose letter one, the letter which contained a story of an identifiable victim and his battle with cancer, to be more effective in motivating them to give. The letter that focused on statistical victims retained a 34 percent response, while the final 3 percent chose neither letter to be more motivational.

Hypothesis 3 was proven incorrect. It stated the number one motivating factor for people to give is personal experience. From the survey students said their number one reason for donating would be that they care about cancer. This led the responses with 39 percent of the respondents agreeing. Personal experience was the second most popular

selections with 22 percent of the students selecting this option, followed by ability with 20 percent of the students selecting this as the reason they would donate to cancer.

5. Limitations and Future Research

After completing the research for this project a number of new doors have been opened for further research based on limitations that were experienced during the study. This study has also led to interesting new directions for work that could be done in the area of charitable giving. While the audience for this survey was the same as those used in research similar to this, the audience did have limitations. One of the limitations was the lack of disposable income students have. No matter how students are targeted to give, if they chose to give the amount will be very small because they lack the funding to make a larger donation. It would therefore be beneficial to take this survey into a current market of givers and survey them based on their current giving behaviors. Donors who have already made the decision to give have done so because they have felt the need as well as because many of them are in a financial position where they are able to do so. By looking at the behaviors of those with disposable income a researcher would get a better idea of how philanthropists decide where to put their money. It would give a clearer picture of what tactics specifically rendered larger donations.

The amount of money the students choose to donate also drew attention to an area of future research. The students were given a blank check with no guidelines as to how they should choose the amount they would give. Some gave small donations such as 20 or 30 dollars while others made donations as large as 250 billion dollars. This highlights the question of whether some of them gave based on what they had or what they would give if they had the ability to do so. Many people give donations based on a momentary feeling of guilt or sympathy. They reach into their pockets and give a twenty which gives psychological satisfaction for the moment; however this in no way makes a dent into their

lifestyle. They are sacrificing nothing to make this donation. Others give twenty dollars and it really is all they can give and they do it with a happy heart. It would therefore be interesting to look at the amount the student chose to give and ask them how they decided the amount they offered. For the students who chose smaller donation sizes it might actually be the amount they would give. Perhaps it is the opposite, people are selfish and many people are unwilling to sacrifice for others.

The students might also be reacting in the way they have seen their parents do so. They may have seen their parents reach into their own pockets when someone comes to the door and they give them whatever they have in their pocket at the time. Further research into the amount of money a person chooses to donate as well as looking at the giving patterns of their parents, family and friends, would help lead to a better understanding of the decision process in making a donation. To be effective in raising funds you need to be able to show a strong enough need to get a donor to make a sacrifice for the cause. Future research would lead to finding the tactics that not just evoke the desire to give but the desire to sacrifice for a need. Many of the respondents of the study suggested that giving was a social responsibility and a moral duty however many people still do not give what they are capable of giving.

Another problem with a younger audience is that many of them have yet to experience a loss of any sort. Students often feel invincible because they are young and therefore have not felt the need to protect themselves in the future. Hypothesis three of the study suggested that the number one motivating factor for people to give is personal experience. What was found when the students were asked was, that caring about cancer was the leading reason with 39 percent of students agreeing followed by personal

experience with 22 percent. Adults who have made a choice to donate have often done so because they see the need. Whether it is through personal experience or that of a friend, they are less ignorant about the possibility of needing this help as well. Within this study it is hard to judge the degree to which the students care about cancer. Adults have more life experience and would be better able to articulate clearly their reason for making a donation.

Another limitation is the difference between American and Canadian healthcare and the reluctance of Americans to give based on the costs they already endure. The form letters used were based on a Canadian institution. Canadians are granted free healthcare and are able to receive any treatments to help prevent or care for cancer. In the introduction the large gap in the number of Americans dying from cancer each year compared to the number of Canadians that are dying was shown. While part of this is due to the difference in the population another large contributing factor is that American's are not always able to afford the care they need therefore unable to be cured. Due to the high costs they already endure and the possibility they may be unable to repay such a debt, it leaves less money for them to donate toward future research. Additionally, the high costs may leave bad feelings with the patient, therefore causing them to question why they should give back. This project could be expanded by looking comparatively at Canadian givers versus American donors based on the amount of money they are willing to give in healthcare situations. It would be interesting to understand the role public versus private healthcare has on the amount of money patients and family members of patients are willing to give to help prevent further disease.

Brand recognition was brought to the forefront during this survey as well. The instructions on the survey asked the students to write a check to the letter they felt more compelled to give to. Even though the students were given clear instructions to write the check to either letter one or letter two the checks came back addressed to a number of different people including Craig King himself, the victim of letter one, to cancer, cancer research centre, and the Hope Can't Wait Campaign which was mentioned in letter two. Brand recognition is critical to ensure donations are made. Foundations should desire to have their foundation be on the forefront of the brain when a donor makes the decision to give.

One very common misunderstanding with the cancer centre is that they are raising money for the cancer society rather then their specific centre. A study could be done using letters again, but instead focusing on the layout and graphics of the letter rather than the text of the letter. The research participants could be given two letters with very similar text but different layouts including one letter with the cancer centre's logo the other with the cancer society's logo. After the respondents read the letter they could be asked questions about which logo belonged to which letter. A number of different variables could be tested to see if the placement of the logo in the letter, text of the letter, or completely outside marketing techniques (commercials, billboards, pamphlets etc.) helps increase brand recognition.

The use of Walter Fisher's narrative paradigm theory could also be interesting to use in future research to better understand the stories that would evoke responses in donors. This study looked at identifiable victims versus the use of statistical victims. Prior research has show that identifiable victims are more persuasive than statistical

victims therefore further work into the stories told and the effect they have on the behavior would help appeal letter writers have a better sense of what is effective and what is not. Attribution theory was used to see if people made behavioral choices based on their feelings towards helping or based on accountability of the victim.

The use of an appeal letter could also be looked at from a narrative perspective to see specifically how the reader relates to the stories that are being told to them. Looking at the results as well, there was not as large of a difference as was expected in the number of people who chose the identifiable victim over the statistical victim. It seems as though both letters could in fact be effective if given to the correct audience. Further research into different personality types and the effectiveness of identifiable victims versus statistical ones would be interested. While artistic people tend to be more in touch with their emotions, analytical people would probably prefer the letters were direct and to the point. Finding out if stories are effective to your personal audience would help define how the letters should be written. The style of grateful patient letters was very different from that used in the regular appeal letters. Further research could look at the difference in the response rate from an appeal letter to a grateful patient and that writing style to one that contains narratives.

An expansion of the textual analysis should be done on more than just letters from one Cancer Centre. The centre looked at had a very specific target audience so not all tactics used by them will be applicable to every non-profit organization. It would therefore also be worth while to look into the text used in different cancer hospitals or even broaden the study more by looking at different disease specific treatment centres. There would clearly be a difference in approach seen in a cancer hospital from a

children's hospital. Also, various types of nonprofit organizations could be studied. Hospitals have the ability to rely on the fact that everyone is going to need a hospital at some point in their life; therefore targeting an audience for a different organization would need a different approach. This research should also look at different types of appeals other than just letters. Nonprofit organizations use commercials, websites and posters to also spread their message to the population at large. These other forms of media should be analyzed to see what tactics work for these types of media.

Finally, a survey is only one of many ways a foundation can understand what motivates their donors. In this particular setting a captive audience was to report on their feelings. Each specific agency should make it a priority to know what their donors like and what they respond positively to. Some of the ways they can do this is by talking to donors, setting up focus groups, sending surveys out with letters, calling donors and thanking them for the donation and ask for additional information. Some of the information foundations should gather about their donors is household income, educational level, job or profession, neighborhood of residence, family status (for example, whether they have children or are caretakers for elderly parents), experience with social or medical issues that an organization addresses, and recreational activities and hobbies. This information will all help the foundation tailor their message to their potential donors.

Studying fundraising is a relatively new practice therefore more research is need in this field. From the small number of suggestions above, it is evident that there is a lot of work that can be done in this area. With the growth in philanthropy and the desire for celebrities and common folk alike to make a difference, research into attracting donations

and motivating people to give is necessary. Nonprofits rely heavily on the donations of those passionate for their cause to close the funding gap.

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Appendix

Appendix A ~ Letter #1

Craig King goes to work each day knowing he is making a difference. Part of it goes with the territory. A third-grade teacher, King spends his days helping the 17 kids in his class master basic skills in math, social studies, and language arts. But the 25-year-old brings something extra to the classroom, too. He's living proof that cancer doesn't have to derail your plans, even if you're young when you get it.

King's story started in 1999, when he was a 17-year-old graduate of Manning High School in Manning. A football and baseball player, he planned to attend South Carolina State University that fall. Those plans were put on hold in July though, after King was diagnosed with osetosarcoma, a type of bone tumor. For months prior to his diagnosis, King had been living with a lump below his left knee. "It didn't hurt," he recalls, and being so active, he just assumed it was some type of sports injury and ignored it. Then one day, while making his bed, he bumped his leg and was shocked by the pain.

Surgeons replaced King's left tibia, or shin bone, with a healthy tibia acquired from a bone bank and attached with metal supports. During the surgery his left kneecap was also removed and reconstructed. Following the surgery King underwent chemotherapy treatments lasting nearly a year. It took months of physical therapy for him to learn to walk again. "I was bedridden for a while after surgery, and then had a wheelchair," he recalls. "I went from the wheelchair to a brace, to crutches, to a walker, and then walking alone."

He graduated from South Carolina State University in 2004 with a degree in elementary education and has been teaching third grade ever since. "I love my job," he says. "What gets me going every day is the realization that these kids could have never met me because cancer could have taken my life. But it didn't. God spared me and I have a purpose."

The facts are very real, and very alarming. The number of people needing cancer care is growing quickly. Cancer plays no favorites. It attacks the young and healthy, the old and infirm, the rich and poor alike. It touches all of us in a profound and lasting way. So, what are we doing about this? We're fighting back, and we're *fighting hard*.

Fortunately, in this region, we have a Cancer Center – a place of caring and hope.

Ours is a unique kind of healthcare facility, providing both direct patient care and leading edge cancer research. Located in your region is a nationally and internationally recognized world-class, state-of-the-art research and treatment facility. Thanks to the generosity of individuals in our community, we have some of the most advanced technologies and some of the brightest research minds in the world, working right here to improve treatments and find cures.

Yes, we have won many battles in the war on cancer – but there are more to fight. We still must rely on donations from the people within the communities we serve – donations that help maintain our research programs, and assist us in providing the best possible health care for our patients and their families.

We have an incredible challenge on our hands. When cancer strikes, we must be armed with the newest technology, if we are to combat it successfully. Each new technique, each new therapy, each research advance must be implemented with new, state-of-the-art equipment – and this is why we need your support. Your gift of $25, $40, $100 or more, will be used locally, enabling us to attract and retain some of the best researchers and health care providers in the world – which

in turn, helps ensure that we continue to make important discoveries, while providing the best care possible.

We need you now more than ever. As the threat of cancer increases, we must increase our efforts to find new and effective treatments. Yes, the numbers are alarming, but there is hope. That is why we are turning to you. We need your support. Your donation will help us provide the best possible care for someone who is battling cancer, and give relief and support to their families and friends.

Please give whatever you can… *today.*

Appendix B ~ Letter #2

The facts are very real, and very alarming. The number of people needing cancer care is growing quickly. And cancer plays no favorites. It attacks the young and healthy, the old and infirm, the rich and poor alike. It touches all of us in a profound and lasting way. So, what are we doing about this? We're fighting back, and we're *fighting hard*.

Fortunately, in this region, we have a Cancer Center – a place of caring and hope.

Ours is a unique kind of healthcare facility, providing both direct patient care and leading edge cancer research. Located in your region is a nationally and internationally recognized world-class, state-of-the-art research and treatment facility. Thanks to the generosity of individuals in our community, we have some of the most advanced technologies and some of the brightest research minds in the world, working right here to improve treatments and find cures.

Here are the facts:

- Your regional cancer center is responsible for providing cancer treatment to an area with a population of 1.3 million people;
- Your regional cancer center provides 100% of the radiation treatment for patients from this area, and a portion of radiation therapy for patients from surrounding regions;
- Your regional cancer center also provides more than 60% of the chemotherapy treatment for patients from all of these areas; treating between 700 and 800 patients a day, and
- Over 20,000 patients are cared for annually – with more than 200,000 patient visits each year.

With the support of individuals, businesses and corporations in the communities we serve, the ***Hope Can't Wait Campaign*** raised the funds necessary to complete a $58 million expansion of the Cancer Center. Since the renovations, we have:

- Added five new linear accelerators for radiation treatment;
- Increased our chemotherapy treatment capacity by almost 50%;
- Reduced waiting times for treatment by 50%, and
- Expanded the space needed for research activities, to continue the search for better treatment options.

Yes, we have won many battles in the war on cancer – but there are more to fight. We still must rely on donations from the people within the communities we serve – donations that help maintain our research programs, and assist us in providing the best possible health care for our patients and their families.

1 in every 3 people in our region will get some form of cancer during their lifetime, and by 2020, the number of people diagnosed with cancer may increase by 70%.

We have an incredible challenge on our hands. When cancer strikes, we must be armed with the newest technology, if we are to combat it successfully. Each new technique, each new therapy, each research advance must be implemented with new, state-of-the-art equipment – and this is why we need your support. Your gift of $25, $40, $100 or more, will be used locally, enabling us to attract and retain some of the best researchers and health care providers in the world – which in turn, helps ensure that we continue to make important discoveries, while providing the best care possible.

We need you now more than ever. As the threat of cancer increases, we must increase our efforts to find new and effective treatments. Yes, the numbers are alarming, but there is hope. That is why we are turning to you. We need your support. Your donation will help us provide the best possible care for someone who is battling cancer, and give relief and support to their families and friends. Please give whatever you can… *today.*

Appendix C ~ Survey

Attributions of an Appeal Letter

Please read the two letters provided. When you have completed the letters answer the questions below based on the two letters you read. Finally, finish the survey by making a donation on the check provided at the end of the survey toward the letter that made you feel more compelled to give.

Gender (circle one) Male Female

Which letter would you make a donation toward?

a) Letter One
b) Letter Two
c) Neither

Please use one word to describe your predominant feeling to the following statements;

Letter one made me feel:_____.
Letter two made me feel:_____.

Why would you make a donation to the letter you chose? (Select the answer that best applies)

a) Personal experience
b) I care about cancer
c) Obligation
d) Guilt
e) Fear
f) Ability

Please check which letter you felt showed the listed below qualities:

	Letter 1	Letter 2
a) Clarity	_____	_____
b) Cohesiveness	_____	_____
c) Authenticity	_____	_____
d) Ease of Response	_____	_____
e) Appropriateness	_____	_____
f) Engaging Copy	_____	_____

Please choose between the two diseases and select the cause you would support.

Cancer	**OR**	AIDS
Cancer	**OR**	Alzheimer's Disease
Cancer	**OR**	Blindness
Cancer	**OR**	Child Abuse
Cancer	**OR**	Drug Addiction
Cancer	**OR**	Heart Disease
Cancer	**OR**	Obesity
Cancer	**OR**	Paraplegia
Cancer	**OR**	Vietnam War Syndrome

How likely would you be to give money to someone whom you felt was responsible for their misfortune?

1 2 3 4 5 6 7 8 9 10
Unlikely Very Likely

Was Craig King responsible for his plight? (circle one) Yes No

Would you donate to help find a cure for others like him? (circle one) Yes No

What is the level of support you would give him if you had the money to do so?

1 2 3 4 5 6 7 8 9 10
Not much As much as I could

What if Craig King was a family member, what would your level of support be?

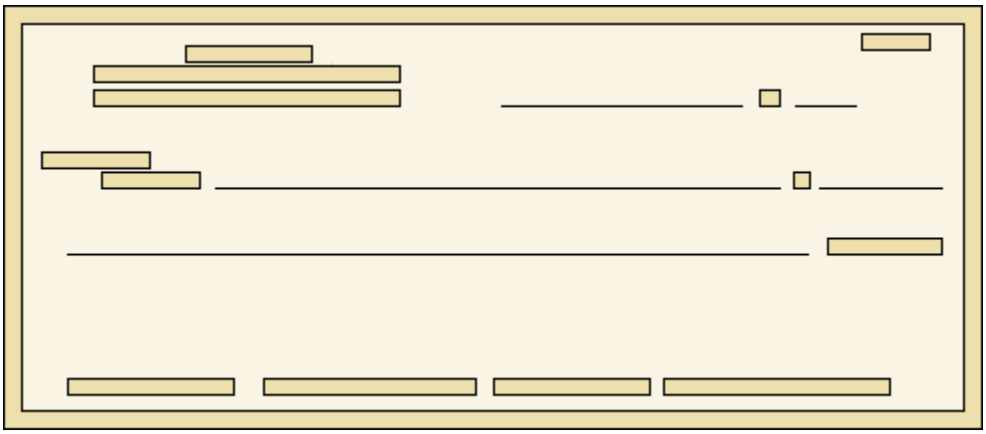
1 2 3 4 5 6 7 8 9 10
Not much As much as I could

Charitable giving is: (Please circle all that apply)

a) A social responsibility
b) Moral duty
c) I get psychic satisfaction
d) Status
e) Achieving social agenda

Are you currently involved in any fundraising initiatives? (circle one) Yes No

Please write an anonymous check to the letter you felt needed it more. Indicate whom it is to by paying to the order of Letter 1 or Letter 2:



Appendix D~ Survey Results

Number collected: 220 surveys distributed, 184 survey collected

	Letter One			*Letter Two*			*Neither*	*All Respondents*	
	# of Males	# of Females	% overall	# of Males	# of Females	%	%		
Which letter would you donate toward?	63	54	63%	38	24	34%	3%		
Why did you make a donation to the letter you chose? (Select the answer that best applies)									
a) Personal experience	16	16	26%	6	6	17%			
b) I care about cancer	21	26	38%	20	10	43%			
c) Obligation	4	5		5	4				
d) Guilt	7	1		1	1				
e) Fear	3	1		1	1				
f) Ability	15	10	15%	8	6	20%			
Please check which letter you felt showed the listed below qualities:	**Letter 1** **Letter 2**	**Letter 1** **Letter 2**		**Letter 1** **Letter 2**	**Letter 1** **Letter 2**				
a) Clarity	47 32	35 32	Letter 2- 44%	8 38	7 20	Letter 2- 79%			
b) Cohesiveness	42 26	31 20		15 26	8 19				
c) Authenticity	42 27	34 14		17 27	13 14	Letter 1- 42%			
d) Ease of Response	56 11	45 7	Letter 1- 85%	19 22	8 19				
e) Appropriateness	51 23	41 20		17 28	5 22				

f) Engaging Copy	49 15	39 10		18 25	11 15				
Please select the cause you would support.								Cancer	Other
Cancer or AIDS	Cancer 35	Cancer 22	50% to each	AIDS 20	AIDS 14	AIDS- 55%		49%	51%
Cancer or Alzheimer's Disease	Cancer 33	Cancer 28	Cancer- 53%	Cancer 27	Cancer 16	Cancer- 69%		58%	42%
Cancer or Blindness	Cancer 56	Cancer 41	Cancer- 84%	Cancer 28	Cancer 20	Cancer- 77%		80%	20%
Cancer or Child Abuse	Child 28	Child 54	Child Abuse- 75%	Child 27	Child 23	Child Abuse- 81%		12%	88%
Cancer or Drug Addiction	Cancer 39	Cancer 34	Cancer- 61%	Cancer 25	Drug 12	Cancer- 60%		63%	37%
Cancer or Heart Disease	Heart 37	Heart 28	Heart Disease- 56%	Heart 24	Cancer 15	Heart Disease- 63%		41%	59%
Cancer or Obesity	Cancer 49	Cancer 47	Cancer- 83%	Cancer 33	Cancer 23	Cancer- 90%		85%	15%
Cancer or Paraplegia	Cancer 50	Cancer 39	Cancer- 77%	Cancer 28	Cancer 20	Cancer- 65%		79%	21%
Cancer or Vietnam War Syndrome	Cancer 50	Cancer 42	Cancer- 79%	Cancer 31	Cancer 15	Cancer- 74%		76%	24%
How likely would you be to give money to someone whom you felt was responsible for their misfortune?									
Low Range	24	23	40%	16	14	48%			
Mid Range	21	22	38%	13	6	31%			
High Range	14	10	21%	9	4	21%			
Was Craig King responsible for his plight? (circle one)									
Yes	1	5		3	4				93%
No	57	36		36	20				7%
N/A	1	3							
Would you donate to help find a cure for others like him? (circle one)									

Yes	59	53		34	24				94%
No		0		4					6%
N/A		1							
What is the level of support you would give him if you had the money to do so?									
Low Range	4	1	4%	2	3	8%			
Mid Range	17	16	29%	20	12	52%			
High Range	38	37	66%	15	9	39%			
What if Craig King was a family member, what would your level of support be?									
Low Range	0	0		1	0				
Mid Range	4	5		5	1				
High Range	53	49	92%	34	23	90%			
Charitable giving is: (Please circle all that apply)									
a) A social responsibility	26	22	41%	15	12	43%			30%
b) Moral duty	56	46	88%	32	20	84%			62%
c) I get psychic satisfaction	6	6	10%	5	2	21%			7%
d) Status				1		1%			1%
e) Achieving social agenda				1		1%			1%
Are you currently involved in any fundraising initiatives?									
Yes	14	11		4	4				19%
No	43	41		30	20				81%
N/A		2							