

Hospice of Yuma

Donor Survey

Thank you for taking the time to fill out our survey. We value your feedback, and intend to use the information we gather to guide and inform choices we make as an organization.

DONOR RELATIONS	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Hospice of Yuma is proficient at educating and informing the community regarding agency needs in caring for the terminally ill.	<input type="radio"/>				
Hospice of Yuma demonstrates timeliness and appropriateness with donation receipts and thank you letters.	<input type="radio"/>				
I am satisfied with the recognition I receive for being a Hospice of Yuma donor.	<input type="radio"/>				
I have a good understanding of the ways I can donate to Hospice of Yuma and the benefits of being a donor.	<input type="radio"/>				

NEWSLETTERS

The newsletters are interesting and/or relevant to my needs.	<input type="radio"/>				
The newsletter informs me of the giving opportunities available to me.	<input type="radio"/>				
The newsletter keeps me up-to-date with the events and programs at Hospice of Yuma.	<input type="radio"/>				

How are we doing as the area's non-profit hospice in conveying our mission and accomplishments in the community?

What are some topics you would like addressed or explained in upcoming newsletters?

Would you be interested in participating in Hospice of Yuma services by volunteering your time?

Is there anything specific that we have not discussed that would increase your level of satisfaction as a donor to our organization?

Hospice of Yuma Donor Contact Information

PLEASE NOTE: This information is **NOT** for solicitation purposes. We have no intention of calling or emailing with donation requests. We merely want to update our database, and while we're at it, we want to include other information that might help us acknowledge you better in the future.

First, Middle, and Last Name (can include couple name i.e., Bob and Mary Smith)	Preferred Name or Nickname		
Primary Address	City	State	ZIP
Seasonal Address (if applicable)	City	State	ZIP
Telephone Number	Email address		
Wedding Anniversary (if applicable)	Birthday (Month and Day Only)		

I would like to receive the e-newsletter instead of the paper newsletter. Yes No

- If you select **YES**, please make sure that the email information is filled out on the form.