



Workshop Evaluation Form

Please help us improve the quality of our workshops by completing the following survey.

Seminar Date: **5-5-2016 CAFO/Kingdom Advisors**

- Did the speakers present the material in a clear and understandable way? yes no
Did you find the information helpful and motivational? yes no
Do you see the benefits of **Stewardship Legacy Coaching** for your Donors? yes no
Would you be interested in attending future workshops on other topics? yes no

Comments / Suggestions:

- I would like more information about **Stewardship Legacy Coaching** for our Donors.

I'd like to further discuss the following topics (Please check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Development to Discipleship Initiative | <input type="checkbox"/> Helping our Donors with Family Legacy |
| <input type="checkbox"/> Ministry TO our Donors | <input type="checkbox"/> Increasing Asset-Based Gifts |
| <input type="checkbox"/> Increasing Current Giving | <input type="checkbox"/> Increasing Planned Gifts for Sustainability |
| <input type="checkbox"/> Assisting Donors with Tax Wise Charitable Giving | <input type="checkbox"/> CAFO/Kingdom Advisors Collaboration |
| <input type="checkbox"/> Assisting Business Owner Donors in their Business Legacy & Gifting | <input type="checkbox"/> Creating a Strategic Plan for Development based on Biblical Stewardship |

Please print carefully:

My Name: _____

Ministry Name: _____

Cell Phone: (____) _____ - _____ Office Phone: (____) _____ - _____

Email: _____

Street: _____

City: _____ ST: _____ Zip: _____

My preferred means of contact is: Cell____ Email____ Office____

Thank you!