

# CAPITAL FUND CAMPAIGN



## Request A Quote

To receive a quote for a Capital Fund Campaign with Vision Ministries, please fill in the three pages of information on this form and return it by email (scanned) or mail to Vision Ministries. The quote will be returned to you within seven days.

### GENERAL INFORMATION

Church Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ County \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Sr. Pastor's Name: \_\_\_\_\_

Affiliation / Denomination of Church: \_\_\_\_\_

### CHURCH PROFILE

Average Sunday A.M. Worship Attendance: \_\_\_\_\_

Number of households who consider your congregation their church home: \_\_\_\_\_

Estimated Age Groupings Within Your Church

Age Group	%
0-18 Years Old	_____
19-29 Years Old	_____
30-39 Years Old	_____
40-49 Years Old	_____
50-59 Years Old	_____
60 Years and Older	_____

Population size of your city: \_\_\_\_\_

## FINANCIAL INFORMATION

Basic Budget Income Last Year: \$ \_\_\_\_\_  
 (last full budget year)

Basic Budget Income 2 Years Ago: \$ \_\_\_\_\_

Current Annual Basic Budget: \$ \_\_\_\_\_

	<b>Type</b>	<b>Amount</b>
Other Types of Income Annually	_____	\$ _____
Beyond Your Basic Budget:	_____	\$ _____
(List types and annual amounts /	_____	\$ _____
i.e. Missions, Capital Fund, etc.)	_____	\$ _____

Dates of Budget Year: \_\_\_\_\_ through \_\_\_\_\_

Present Total Church Debt: \$ \_\_\_\_\_

Annual Needed to Service Debt: \$ \_\_\_\_\_

Do you conduct an annual stewardship emphasis  
 to raise commitments for your annual basic budget? \_\_\_\_\_

If "Yes", during what time of the year: \_\_\_\_\_

What would you estimate to be the average  
 annual household income of your church members: \$ \_\_\_\_\_

Do you use every Sunday offering envelopes? \_\_\_\_\_

**CAPITAL FUND CAMPAIGN HISTORY**

Have you had a Capital Fund Campaign recently? \_\_\_\_\_

If "yes", what were the dates of the campaign: \_\_\_\_\_ to \_\_\_\_\_

How much was pledged: \$\_\_\_\_\_

How many adult pledges were made: \_\_\_\_\_

How much was received: \$\_\_\_\_\_

Did you use a CFC consulting service?\_\_\_\_\_ If "yes" who was the CFC consulting service that you used\_\_\_\_\_

Purpose/project of the campaign: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YOUR CAMPAIGN NEEDS**

What would your Capital Funds be used for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How much do you want to raise? \$\_\_\_\_\_

Do you have other funding sources for your project? \_\_\_\_\_  
\_\_\_\_\_

When would you want to conduct the campaign? \_\_\_\_\_  
\_\_\_\_\_

**Form Completed By** \_\_\_\_\_ **Position** \_\_\_\_\_

**Date** \_\_\_\_\_