

CAPITAL FUND CAMPAIGN



Request for 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: (____) _____

Fax: (____) _____

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: \$ _____

	Type	Amount
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 _____