

ST. GABRIEL THE ARCHANGEL EPISCOPAL CHURCH

17435 NW West Union Road

Portland, OR 97229

Phone: (503) 645-0744

FEASIBILITY STUDY QUESTIONNAIRE

(All comments will remain confidential)

(If you indicate an interest in volunteering, making a planned gift, or estimate a possible range of giving, this information may be shared with the leadership should a campaign be undertaken.)

Please tell us about your attendance and giving at St. Gabriel the Archangel Episcopal Church.

A. Which option below most closely reflects your attendance at worship services at St. Gabriel?

_____ One or more times per week

_____ Two to three times per month

_____ Monthly

_____ One to four times per year

_____ Less often

B. Which option below most closely reflects your financial-giving practice at St. Gabriel?

_____ Regular contributions with a written annual pledge

_____ Regular contributions without a written annual pledge

_____ Irregular contributions

_____ Other form of regular financial support

_____ Do not support the church financially

C. Where does St. Gabriel rank in importance in your charitable donations?

_____ It is the sole charity I donate to

_____ It is the most important charity I donate to

_____ It is in the top five charities I donate to

_____ It is not very important to me in my charitable giving

Awareness of Need

1. Prior to this survey, were you aware that the parish was considering a capital campaign?

_____ Yes _____ No

2. Prior to this survey, were you aware of the needs as expressed in the accompanying proposed plans?

_____ Aware _____ Not Aware _____ Aware of some of the needs

3. Are there additional needs that seem important to you which are not covered by the proposed plans?

Comments:

Interest in and Support for a Capital Drive

4. Generally speaking, do you favor the parish conducting a capital campaign as outlined in the proposed plans?

_____ Yes _____ No _____ Yes, but with some concerns

Comments:

5. Please indicate the level of priority you would attach to each of the projects outlined in the proposed plans by checking the appropriate line under each heading. At present, they are listed in no particular order.

**Select only one option per line and feel free to make comments (use an extra sheet if necessary).*

	PRIORITY				
	High	Medium	Low	Opposed	Lack Information
1. Retire the Current Mortgage	_____	_____	_____	_____	_____
2. Option A – Gathering Hall, Classroom, Kitchen Remodel	_____	_____	_____	_____	_____
3. Option B – Second Floor with Classroom and Meeting Spaces around a Ground Floor Gathering Hall	_____	_____	_____	_____	_____

Comments:

6. If the proposed total goal of \$1,700,000 cannot be fully funded by a capital campaign, how would you feel if the parish were to assume prudent long-term debt to ensure completion of these proposed plans?

_____ Acceptable _____ Undesirable, but acceptable _____ Unacceptable

Comments:

7. In your opinion, what major positive factors does the parish have in its favor for the proposed campaign?

Comments:

8. What problems, if any, do you foresee for this project?

Comments:

9. What added ideas or suggestions do you have which might be helpful to the leadership in making this important decision to consider moving forward with the campaign?

Comments:

Leadership

10. If asked, would you be willing to work on a committee in support of the proposed capital campaign?

Yes No Not sure at this time

Campaign Timing

11. Does a proposed solicitation period for pledges in the spring/summer of 2018 seem appropriate to you?

___ Yes ___ No ___ No strong feeling

Gift Potential

12. Do you think a goal of \$1,700,000 (as outlined in the proposed plans) can be raised in gifts and pledges?

___ Yes ___ No ___ Don't Know

If no, how much do you think can be raised?

13. If convinced of the need, would you be willing to contribute to this proposed campaign? (All gifts, regardless of size, are needed and are important to the success of the proposed campaign.)

___ Yes ___ No ___ Not sure at this time

14. If "yes," please estimate your possible total range of giving. Please refer to the chart in the case statement to see the number of gifts needed and monthly payments over 3 years. *This is not a pledge or in any way binding.*

___ \$500 or less	___ \$500 to \$1,000
___ \$1,000 to \$2,500	___ \$2,500 to \$5,000
___ \$5,000 to \$10,000	___ \$10,000 to \$15,000
___ \$15,000 to \$25,000	___ \$25,000 to \$50,000
___ \$50,000 to \$75,000	___ \$75,000 to \$100,000
___ \$100,000 to \$250,000	___ \$250,000 to \$340,000
___ \$340,000 and above	

Planned Giving

15. In addition to making a gift to the proposed campaign, some parishioners may wish to explore planned or legacy gifts. Check the blank next to the item(s) of interest. Materials will be sent to you from the Episcopal Church Foundation **via e-mail**.

___ Make a gift to your parish through a bequest in your will.

___ Create a charitable gift annuity (minimum gift of \$5,000).
Benefits of a charitable gift annuity could include:

- receive guaranteed income for life (i.e. current rates of approximately 4.7% annually at age 65, approximately 5.8% annually at age 75)
- receive an income tax deduction now for the gift portion
- receive some tax-free income from the investment until your life expectancy age
- possibly reduce applicable estate and inheritance taxes
- enjoy the satisfaction that at the death of the final income beneficiary, the remaining principal would go to an Episcopal congregation or entity you designate

___ Create a Charitable Remainder Trust with appreciated assets (minimum gift of \$100,000)

___ Create a Pooled Income Fund gift for life (minimum gift of \$2,500)

___ Donate appreciated real property such as a house, vacation home, farm or business

___ Send me the *Overview of Planned Giving* brochure which explains planned gift options further

___ Add me to the Episcopal Church Foundation e-newsletter on estate planning.

15a. ___ St. Gabriel the Archangel Episcopal Church is already in my will or estate plans.

If you have checked any item in the above question, please provide the requested information below to receive information on planned giving.

Name (please print) _____

E-mail (please print): _____

Phone# _____

Name _____

Please return this questionnaire to the Study Director in the enclosed envelope.

Thank you for assisting us in the planning process.

© 2018 Episcopal Church Foundation. Do not copy without permission.