



Individual, Family, Business Partnership Survey

Partner Name: _____

Please estimate: Last year's dollar amount given \$\$ _____

Please estimate: Last year's volunteer hours given _____

Please Estimate this year's dollar amount you will be giving _____

Please estimate this year's volunteer hours you will be giving _____

What personal impact have you felt as a result of your giving?

Why have you decided to partner with HCHFB?

How have you shared the HCHFB vision within your circle? (social groups, neighbors, church family, etc.)

What is your favorite HCHFB memory?
