### 2022 Donor Survey

Please let us know if any of your contact information has changed

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Would you like to be added to our e-news list?

[ ]  Yes [ ]  No [ ]  Already receive

1. If you already receive it, do you like and/or read our newsletter?

[ ]  Yes [ ]  No

1. Would you like to be featured in a future newsletter?

[ ]  Yes [ ]  No [ ]  Have already been featured

1. Are you happy with how often we communicate with you and the content of our communications? [ ]  Yes [ ]  No
2. Are you happy with the way your gifts are acknowledged? [ ]  Yes [ ]  No
3. Do you feel like you know the impact of your gifts to us? [ ]  Yes [ ]  No
4. Why do you support Radio Eye?

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1. What has Radio Eye done for you personally?

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1. Where are we in your funding priorities? Please check the highest level.

[ ]  #1 [ ]  Top 3 [ ]  Top 10%

[ ]  Top 25% [ ]  Top 50% [ ]  Bottom 50%

1. What do you love about our organization?

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1. If you could wave a magic wand and improve any aspect of our organization, what would it be?

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1. What do you think life would be like without Radio Eye?

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1. Do you have any other suggestions to improve your experience as a donor?

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1. Is there any way you’d like to be involved with Radio Eye that you aren’t currently (as a volunteer, listener, etc.)?
2. Is our organization in your will? Would you like information about bequest planning?

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**On behalf of our visually impaired and physically disabled listeners — we thank you!**