

# GG+A Quarterly Review

Fall 2010

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*Philanthropic News & Analysis*

## Employing New Strategies, Engaging New Constituents

### *Healthcare Organizations Intensify Focus on Philanthropy*

As healthcare institutions seek to assure their long-term viability in this era of reform and shrinking budgets, philanthropy is becoming an increasing priority for many institutions. As William C. McGinly, president and chief executive officer of the **Association for Healthcare Philanthropy (AHP)** notes, "Now, when a hospital making a two or three percent margin is doing pretty well, and when agencies like Moody's consider what you're doing with philanthropy relative to ratings, CEOs are more inclined to focus on charitable giving" ("The Business of Philanthropy" by Chris Serb, *Trustee Magazine*, April 2010).

Like most other sectors, healthcare philanthropy has been affected by the economic recession, although reports vary on the extent of the impact, depending, in part, on when year-end data was collected and how charitable organizations are categorized. In its annual benchmarking survey of academic healthcare institutions, the **Association of American Medical**

**Colleges (AAMC)** shows a 19.1 percent drop in average total private support in 2009 versus 2008. (See related story, right.) In contrast, *Giving USA 2010* reports an overall decline in giving in 2009, but shows that giving to health-related organizations increased by 3.8 percent (4.2 percent adjusted for inflation). (See related story, p. 12.)

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## Medical Schools, Teaching Hospitals Report Decline in Private Giving

While academic healthcare institutions continue to engage in a broad range of philanthropic activities, the AAMC's annual benchmarking survey shows a 19.1 percent decline in average total private support reported by all institutions participating in the survey, from \$51.4 million in 2008 to \$41.5 million in 2009.

This is the second, and certainly the most severe, decline reported since AAMC began conducting the survey in 1999. The average total private support reported for private institutions decreased from \$64.1 million in 2008 to \$55.6 million in 2009. Similarly, the average total private support for public institutions decreased from \$41 million to \$30.1 million in 2009.

The annual AAMC survey looks at the impact, costs, and staffing of fundraising at AAMC member medical schools and teaching hospitals. A total of  
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# Healthcare Organizations Intensify Focus on Philanthropy

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Against the backdrop of a perplexing philanthropic climate, committed donors continue to make large gifts to healthcare. Salesforce.com Inc. founder Marc Benioff and his wife Lynne recently committed \$100 million to a new children's hospital at the **University of California, San Francisco** (*Wall Street Journal*, June 17, 2010). The **Mayo**

**Clinic** received \$43 million last month from the estate of an Indiana businesswoman who, along with her parents, had been patients at the clinic. The Keck School of Medicine of the **University of Southern California** received a \$24 million gift from media executive Sumner M. Redstone to support cancer research. The **Holland Bloorview Kids Rehabilitation Hospital** in Toronto, Ontario, Canada, has been named to honor Bill Holland, a \$20 million donor who made the largest gift ever to a Canadian hospital specializing in children's disabilities (*The Globe and Mail*, June 16, 2010). **Dartmouth College** recently received \$35 million to establish the Dartmouth Center for Health Care Delivery Science, a joint undertaking of the college and the **Dartmouth-Hitchcock Medical Center** (*Valley News*, May 17, 2010).

In this issue of the *Grenzebach Glier Quarterly Review*, senior administrators, chief development officers, and physicians at healthcare institutions discuss strategies their organizations have employed to boost their philanthropic efforts, the importance of grateful patient programs and leadership and physician engagement, and the qualities of successful healthcare fundraisers.

## The Shifting Philanthropic Landscape

Individuals continue to heed the call for support from healthcare institutions. In fact, many organizations report an increase in the total number of donors. However, donors have not returned to previous levels of giving, and a drop in the number of major gifts in 2009 may help explain the dip in total giving to healthcare reported by AAMC.

The **University of Pittsburgh and Pittsburgh Medical and Health Sciences Foundation** set fundraising records in 2008, but has struggled to maintain giving levels since then. "In fiscal 2010, we had the highest number of donors ever, but the number of gifts of \$1 million or more has fallen," explains Clyde Jones, foundation president.

One of the foundation's biggest challenges is enlarging its pipeline of prospective donors. "Donors who know us continue to support us," says Jones. "The challenge is that, in a volatile economy, people don't seek out new giving opportunities."

Jeff Balser, M.D., Ph.D., vice chancellor for health affairs and dean of the School of Medicine at **Vanderbilt University**, agrees. Despite a decline in giving in the last few years, "passionate giving to honor a patient, a family member,

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An international leader in philanthropic management consulting, Grenzebach Glier and Associates (GG+A) has nearly 50 years of experience with educational, cultural, medical, and other nonprofit institutions. The goal of the *Review* is to provide timely information about issues and events that are relevant to philanthropy.

The *Review* is available for download at [www.grenzebachglier.com](http://www.grenzebachglier.com) and via e-mail upon request. Comments, questions, suggestions, and topics of interest are welcome. E-mail us at [gga@grenzglier.com](mailto:gga@grenzglier.com).

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or even a physician continues unabated. The opportunity we face is introducing the notion of giving to those not previously engaged with Vanderbilt.”

Balser has spearheaded a realignment of the medical center’s long-term plan to provide a more stable philanthropic approach that reduces the institution’s vulnerability during economic downturns. “We’ve risen in the ranks of medical centers, but our endowment has not risen accordingly. We recognize that our fundraising strategy for the clinical enterprise and medical school must be for the long haul, which means a greater focus on endowment than on current-use funds.”

**At University of Iowa Hospitals and Clinics**, giving is down about three percent, but Ken Kates, chief executive officer of the UI Hospitals and Clinics and associate vice president of University of Iowa Health Care, is encouraged that fundraising remains competitive despite the economy. “This year, we have actually increased the number of donors by 20 percent, and the number of gifts is up about 50 percent. We are seeing more donors, but they are making smaller gifts.”

**The University of Chicago Medical Center** suffered the effects of the economic downturn, says

Michele Schiele, vice president and associate dean for medical center development, “with budget cuts,

adding that attendance at all three events has grown in the last two years. Finally, she asked trustees

“Donors who know us continue to support us. The challenge is that, in a volatile economy, people don’t seek out new giving opportunities.”

Clyde Jones

layoffs, and the departure of our CEO.” The medical center went from raising some \$100 million in 2008 to an anticipated \$68 million in 2010.

With the decline, Schiele and her staff have returned to “the fundamentals of good development work,” increasing their visits to current donors, but with the intention of maintaining relationships rather than soliciting new gifts. “Further, we did not want to miss any activities in our philanthropy cycle,” which includes an academic year kick-off dinner that usually attracts 200 to 250 donors, and two spring events, explains Schiele.

“At a time when people may not have been in the mood for hearing about science and discovery, we didn’t shy away from maintaining a sense of normalcy in the cycle of donors’ philanthropic lives,” she explains,

to host small dinners designed to continue to strengthen relationships with major donors.

**Saint Mary’s Doran Foundation**, which supports **Saint Mary’s Health Care** in Grand Rapids, Mich., completed a \$15 million capital campaign in early 2008. Fulfillment of campaign commitments remained on schedule, with a single exception. “Overall fundraising in the last two years has remained stable, and we’ve actually seen an increase in new donors,” says Michelle Rabideau, the foundation’s executive director. A new strategy for the foundation has been targeting two key populations: the younger generation and women. “We’ve dedicated board committees to reaching various generations, and we have a highly successful Women’s Giving Group. Since most family decisions regarding healthcare are

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made by women, we need to get them engaged in fundraising.”

Bucking the current trend, **LIVESTRONG** (the **Lance Armstrong Foundation**) reported a nearly 25 percent increase in dollars raised from 2008 to 2009. Philippe Hills, vice president for development, cites a number of factors that contributed to that increase. “We started a major giving program last year, and we consolidated our internal reporting structures for major gifts, online giving, corporate giving, and corporate cause marketing to ensure more consistent messaging and greater operational efficiencies. The restructuring is part of a long-term strategy to focus more on restricted major gifts and move the foundation’s fundraising approach from transactional to relationship based.”

One of the foundation’s greatest strengths has been its ability to reach donors online. LIVESTRONG continues to leverage social networking heavily, raising “well into seven figures using online and social media,” explains Hills. “Many traditional organizations still are not using social media to their advantage, and it warrants greater attention.”

When **King’s Health Partners** was created in 2009, it brought

together **King’s College London** with three of London’s top hospitals to form one of the UK’s first academic health centers, integrating research, clinical care, education, and training. For the first time, “you now can present a proposition to donors that spans from basic science to patient care. This shift will transform the face of healthcare fundraising in the UK,” says Gemma Peters, director of development for King’s College, who anticipates adding 25 new positions to her 50-member development team.

Five years ago, King’s College was raising £6 or £7 million a year for medical-related activities. “Last year we raised about £15 million for medicine, and there have been significant jumps in projected giving levels and in the types of conversations we are having with



donors this year,” says Peters, who perceives one of her biggest challenges will be “making the work of King’s Health Partners relevant to international philanthropists and, at the same time, keeping it meaningful to donors living in the communities served by hospitals that organize annual coffee mornings for their neighbors.”

Peters cites two trends that have boosted healthcare fundraising within the last year. She notes, “We are seeing multi-million pound gifts coming from younger donors: men and women in their 40s, many of whom have made huge amounts of money, seen other people struggling, and made extraordinary gifts in response.”

Secondly, Peters cites that in the last 18 months, King’s College has

invested development resources in those parts of the world that were not as deeply hit by the recession, particularly Southeast Asia. “As those areas have gotten richer, donors have started to look beyond their own borders in terms of philanthropy. Some of the largest campaign gifts we are currently negotiating are coming from that part of the world,” says Peters.

## Enhancing the Donor Base

As healthcare organizations strive for greater philanthropic returns, chief development officers are assessing the needs of current donors and looking to forge partnerships with new constituents.

More than ever, medical fundraising requires a high level of responsiveness and a good sense of timing. In Schiele’s 20 years as a fundraiser, she notes, “I have seen the most passionate patients lose a sense of urgency about supporting healthcare,” explains Schiele. “You absolutely have a narrow window to engage families philanthropically.” A recent GG+A analysis of more than 30 healthcare organizations confirms that the vast majority of first-time patient gifts come within 18 months of a patient visit.

Flexibility has also become more critical than ever in keeping donors engaged. “People are really smart about how they want to invest their

philanthropic dollars, so we have to be flexible in response to unusual donor requests,” Jones explains. “Previously, we were hesitant to accept a gift with a payout beyond three to five years. Now we are reconsidering that timeframe.”

According to the AHP, economic pressures may be forcing some hospitals to enlarge their donor communities as they redefine themselves as national centers of excellence in specific treatments or disease states (“Emerging Trends: The Changing Landscape of Health Care Philanthropy,” Association for Healthcare Philanthropy, 2010).

Recognizing that “we are in a relatively small community with significant needs,” Pittsburgh Medical and Health Sciences

philanthropists who have interests in those areas,” Jones says.

In addition to redefining their donor bases, some healthcare institutions are seeking to increase support from the corporate community. Primarily through corporate marketing and leasing arrangements, corporate donors provide more than 40 percent of LIVESTRONG’s annual support.

In the last six months, Saint Mary’s Doran Foundation has been encouraged by renewed interest from regional businesses. “We’ve been contacted by five companies who want to get involved with us either through sponsorships or employee giving programs,” Rabideau notes.

For academic medical centers, relationships with the corporate

“Passionate giving to honor a patient, a family member, or even a physician continues unabated.”

Jeff Balser

Foundation identified key areas in which the institution is nationally and internationally recognized, such as transplantation, regenerative medicine, and neurological research, “looking beyond local commitments from patients or alumni to major

sector have proven more tenuous. Vanderbilt’s Balser is reviewing those opportunities and attests, “We are exploring how big a role industry can play philanthropically. We need to determine the best way to navigate the inherent conflict of interest in an acceptable way.”

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At Pittsburgh Medical and Health Sciences Foundation, Jones says, “We are pioneering the way we work with industry. The next step is to translate those business relationships into philanthropic relationships.” He cites a recent success. “We have a strong business relationship with a corporation with a strong philanthropic arm. We introduced the business contacts to investigators doing groundbreaking research, and they found significant ways to support the work philanthropically. We

established, patient-focused fundraising programs are yielding promising results. The AHP reports gifts from patients increased from 16.5 percent of all gifts from individuals in 2005 to 20.7 percent in 2008.

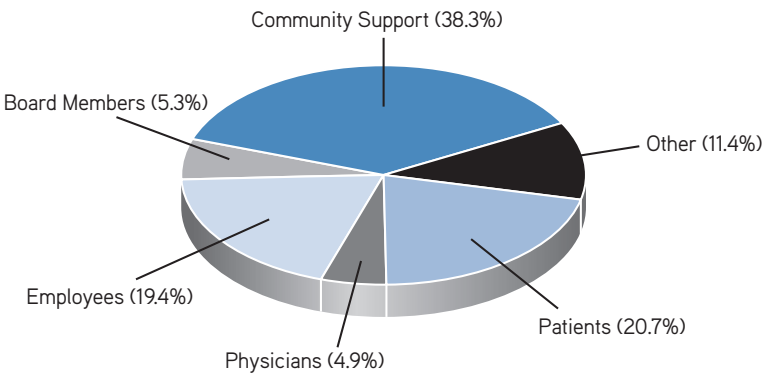
The most successful programs follow a clear set of guiding principles that include HIPAA (Health Insurance Portability and Accountability Act) compliance and high levels of discretion and deference to patient confidentiality. “We have a privacy

of grateful patients and their families, to communicate about giving opportunities.”

Until **Duke Medicine** set up its Grateful Patient Engagement Program in 2007, there was no organized effort to reach out to patients as potential donors (“Recruiting Big Gifts for Hospitals,” *The Chronicle of Philanthropy*, August 20, 2009). The implementation of the program followed six months of discussion with the organization’s legal and compliance departments to establish ground rules. Donors identified through the program made a number of significant gifts and bequests in 2009.

With Vanderbilt’s Medical Center logging some 1.5 million outpatient visits a year, Balser recognizes “the potential for transformative gifts from patients is about 1,000 times what it is for alumni,” and his staff is putting the processes and systems in place to support a grateful patient program. He acknowledges, “University medical centers have tended to operate in an ivory tower without a real focus on interacting with patients. We are focusing hard on building that service culture, concentrating on how patients are treated from their parking experiences to interactions at the appointment desk.”

Distribution of Gifts to Healthcare Institutions from Individual Donors, 2008



Source: Association for Healthcare Philanthropy 2008 Giving Report

hope to use it as a model for other corporate involvement.”

## Grateful Patient Programs

Even as donors become more selective about the organizations they support, both new and well-

officer who works closely with foundation staff to ensure that we are mindful of all the different regulations,” says Kates. “We are continuing to work with the foundation staff to determine the most appropriate ways, respectful

The University of Chicago Medical Center began a formal grateful patient program nearly a decade ago and continues to invest in technology to enhance the growing program. “We have about 100,000 inpatient and 500,000 outpatient visits each year. We have conducted our first screening of patients who make appointments at the medical center and are adding that data to our grateful patient program,” describes Schiele, who recently hired a development officer dedicated to contacting patients identified by the hospital’s navigation, or concierge, service.

“The full results are not in, but the number of meetings with patients referred through the navigation service is higher than expected, and our annual fund is up 35 percent in fiscal 2010. These indicators make us feel comfortable with the direction we are taking,” says Schiele.

Saint Mary’s Doran Foundation has spent the last 12 to 18 months looking at best practices in grateful patient programs. It launched a direct mail campaign to former patients in July “to engage an audience we have never truly engaged before,” says Rabideau, who is also ramping up the foundation’s planned giving program based on a database analysis that identified a number of strong former-patient prospects.

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## Qualities of a Successful Healthcare Fundraiser

“Much of our initial cultivation occurs during phone conversations with cancer patients, survivors, and caregivers who need help with access to care or other services from clinical trials to insurance advice to emotional support. You must be at ease talking about illness and disease in addition to being a self-starter who can take that initial phone solicitation to the next level.” *Philippe Hills*

“Healthcare is a dynamic, growth industry. A hospital system is far more like a business. Successful fundraisers must be able to operate in that fast, entrepreneurial environment. You must be flexible and able to adjust to new situations and new priorities as they constantly emerge.” *Michelle Rabideau*

“Our development team reviews lists of all my patients and meets regularly with me. They understand who I am, what I want to do, and why. They work with me to communicate that vision to patients and their families.” *Blair Jobe, M.D.*

“Patient outcomes may not always be good, but all outcomes present opportunities. The successful fundraiser must be expert at reading the signs. If you approach a donor too soon, you seem predatory. If you wait too long, you miss the moment. You have to recognize the right moment and be able to talk about what may be an unpleasant situation in a hopeful, optimistic way.” *Clyde Jones*

“It is impossible to be a successful fundraiser in medical development if you don’t have an interest and passion for science and medicine. You must value and be moved by the miracles of science and research, and the hands of a physician or the care of a nurse, in the same way others are moved by a passionate ballet or orchestra performance.” *Michele Schiele*

“Healthcare fundraisers must be intellectually nimble in order to get their heads around complicated ideas quickly. Like all fundraisers, they need great judgment and a passion for work. In addition, health fundraisers need to be empathetic, with a strong sense of themselves, to handle the raw emotions that can come to the forefront in conversations with donors and prospects around gifts.”

*Gemma Peters*

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## Engaging Leadership

Key to the success of any healthcare philanthropic effort is bringing hospital leadership, including senior management and trustees, on board with fundraising. Saint Mary's Doran Foundation began sharing confidential report cards with board members twice a year to hold them accountable for helping to meet philanthropic goals. "We have a large number of prospects over age 55 with high gift capacity. Given our limited resources, our board members must be engaged in the cultivation process," says Rabideau, who manages a three-person staff.

At LIVESTRONG, Lance Armstrong remains "very actively involved" in identifying prospects, opening doors for foundation development officers, and moving prospects through the pipeline. In addition, "he is

Jeff Balser, at Vanderbilt, spends a part of each day on some type of fundraising activity. To facilitate his further involvement, a major gift officer was relocated to his office. "When you have a development officer outside your door, fundraising stays on the radar," says Balser, who personally reviews any gift proposal over \$25,000.

In addition, Balser named two chief medical officers, each of whom is expected to spend a substantial amount of time fundraising. "Department chairs are getting more interested in working directly with me, especially when prospects emerge who are interested in donating to their areas."

## Physicians as Fundraisers

Physicians are increasingly looking for private support for their clinical

Ten years ago, a faculty fundraising working group, established by a dean and two trustees at The University of Chicago Medical Center, identified 25 faculty leaders with experience closing gifts. That core group met quarterly to discuss development issues and, in later years, hosted symposia, developed a website, and even created an orientation program to involve faculty members in the philanthropic process.

"The group sustains a culture of philanthropy within our faculty," says Schiele. "Once or twice a month, fundraisers sit with 200 of the 800 faculty members who see potential donors. Their connections are our bread and butter."

At King's Health Partners, Peters has forged successful relationships with senior and influential clinicians and has identified a core group, representing an "across-the-house-mix" of physicians and academics to work closely with the development staff. "We've held a weekend retreat bringing the group together with the director of King's College and chief executives of the hospitals in King's Health Partners to explore fundraising priorities and how we can mobilize all of our networks," says Peters, who recently received an e-mail from one of the group's members alerting her about an upcoming visit by a Saudi prince.

"Once or twice a month, fundraisers sit with 200 of the 800 faculty members who see potential donors. Their connections are our bread and butter."

Michele Schiele

significantly involved in stewardship and regularly writes notes and letters to major donors," says Hills.

and basic research initiatives, and their close relationships with patients make them important collaborators in fundraising efforts.



“Two years ago, no one would have thought to contact the development office. Those lines of communication simply did not exist.”

Pittsburgh Medical and Health Sciences Foundation hosts an annual event in Florida at which renowned researchers present their work to several hundred alumni and donors from across the university. “They’ve been very successful in garnering more support for their areas of investigation,” says Jones, who repeats the format on a smaller level at dinners and receptions throughout the country.

To identify faculty on campus with compelling research and presentation skills, “We spend a lot of time attending faculty presentations, especially when a new division chief presents his or her work,” says Jones, who hired a development officer with a Ph.D. in microbiology who often serves as a liaison with physicians. “She understands the science and can help physicians match their research or clinical needs to donor interests.”

Outside the academic setting, some physicians remain reticent to pursue fundraising. “They feel that it is unseemly or may place their patient in an uncomfortable position,” says Blair Jobe, M.D., professor of surgery in the Department of Cardiothoracic Surgery at the

University of Pittsburgh and University of Pittsburgh Medical Center. “The reality is that patients want to give, particularly when they

which had just received foundation support, to colleagues and patients and found a receptive audience in one of my patients.” A long-time

“If your interests capture their attention, it is the patients who take control of the situation and decide where to invest their philanthropic contributions.”

Mark Siegler, M.D.

have a life-threatening condition. It helps them to feel empowered and proactive.”

Jobe understands the importance of stewardship and donor acknowledgement. “We include donors’ names within our research manuscripts and note that our work was funded, in part, by their support. Donors share those papers with friends and family members. They feel they are making a real difference—and they are.”

Mark Siegler, M.D., Lindy Bergman Professor of Medicine and Surgery and director of the MacLean Center for Clinical Medical Ethics at The University of Chicago Medical Center, became involved in fundraising in the early 1980s, when he was trying to establish a medical ethics program at The University of Chicago. “I mentioned the program,

benefactor of higher education, the patient supported Siegler’s program for a number of years before announcing her desire to “to leave a large gift in her will to stabilize the program.”

Siegler understands the potential concerns about fundraising from patients. “On one hand, patients know the enthusiasm and interests of their doctors better than anyone, and they get engaged by that energy. On the other hand, the doctor may be hesitant to approach the patient because the relationship is, fundamentally, a medical one.” In his years of practice, Siegler has learned that patients often have their own goals and objectives. “If your interests capture their attention, it is the patients who take control of the situation and decide where to invest their philanthropic contributions,” says Siegler. ♦

# Medical Schools, Teaching Hospitals Report Decline in Private Giving

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142 institutions participated in the recently released 2009 survey, including 60 medical schools, 31 teaching hospitals, and 51 joint programs, in which fundraising programs for the medical school and teaching hospital(s) operate as a combined entity.

Recent *Giving USA* data reports a 3.8 percent (4.2 percent adjusted for inflation) increase in giving to health organizations in 2009. (See

“No one is surprised that philanthropic support received in 2009 by nonprofits was negatively affected by the recent global economic downturn,” says Darrell G. Kirch, M.D., president and CEO of the AAMC and former senior vice president of health affairs for **Pennsylvania State University**, CEO of the **Penn State Hershey Medical Center**, and dean of **Penn State’s College of Medicine**.

“While total giving last year was less

“A growing number of our members suggest that the economy is slowly returning to a more friendly state for private giving...”

Darrell G. Kirch

related story, p. 12.) The discrepancy in *Giving USA* and AAMC numbers may be due, in large part, to differences in reporting periods and the types of institutions surveyed. *Giving USA* reports on a calendar-year basis and its data may have included end-of-year increases in giving as the economy recovered. In addition, in its “Health” category, *Giving USA* includes clinics and hospitals, health-related research facilities, disease-specific organizations for research or patient/family support, mental health services and research, and health policy centers.

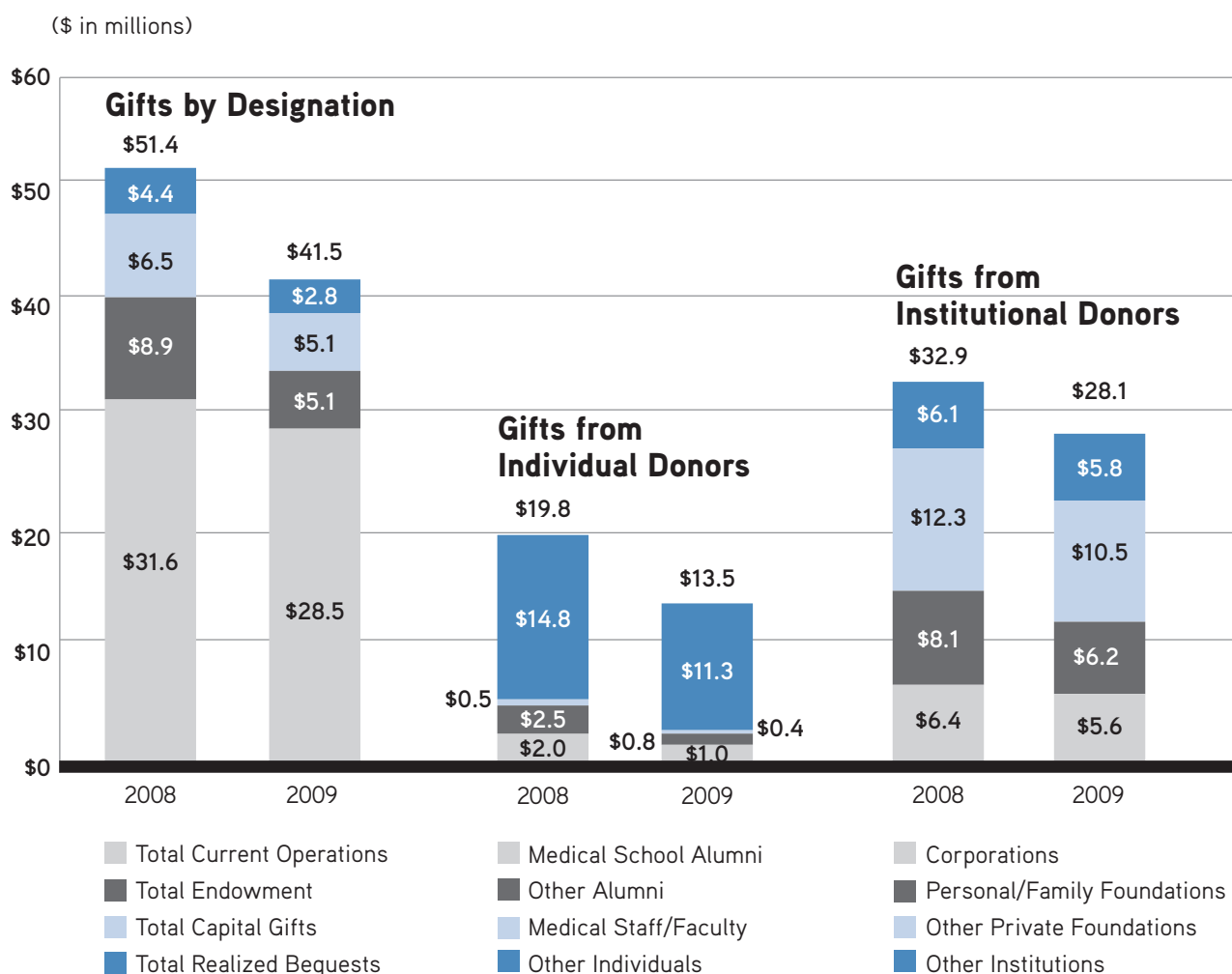
than what we’ve been accustomed to in recent years, AAMC members raised significant private gift support in 2009.”

Kirch adds, “A growing number of our members suggest that the economy is slowly returning to a more friendly state for private giving that approaches levels seen in 2008. By building relationships with current and prospective donors, as well as maintaining and growing the resources allocated for development staff and programs, our institutions can help ensure philanthropy continues to play an important role in supporting the academic medical community.”

## AAMC Survey Highlights

- Grateful patients and their family members continue to be significant sources of support for medical institutions. (See related story, p. 6.) Survey results show that individuals not directly affiliated with a medical school or teaching hospital—not alumni, faculty, or staff members—continue to account for the vast majority (84 percent) of gifts. Nine percent of individual gifts were made by medical school alumni.
- Support from foundations continues to exceed that received from corporations in 2009. Personal, family, and other private foundation support was \$16.7 million for academic healthcare institutions surveyed in 2009 compared to \$5.6 million from corporations.
- While the number of \$1 million-plus gifts secured in 2009 declined by nearly 22 percent, many individuals continued to support medical institutions with major gifts. Approximately 812 “extraordinary” gifts of \$1 million or more were reported in 2009, of which 79 are \$5 million or larger.

## Total Private Support to Academic Healthcare Institutions, 2008 and 2009



Source: AAMC Annual Development Survey, 2009 Results

- Survey results indicate that gifts to current operations, including gifts to medical research, continue to capture the greatest proportion

of total private support, at 68.6 percent, although total dollars dropped from \$31.6 million in 2008 to \$28.5 million in 2009.

Gifts to endowment decreased from \$8.9 million in 2008 to \$5.1 million in 2009. ❖

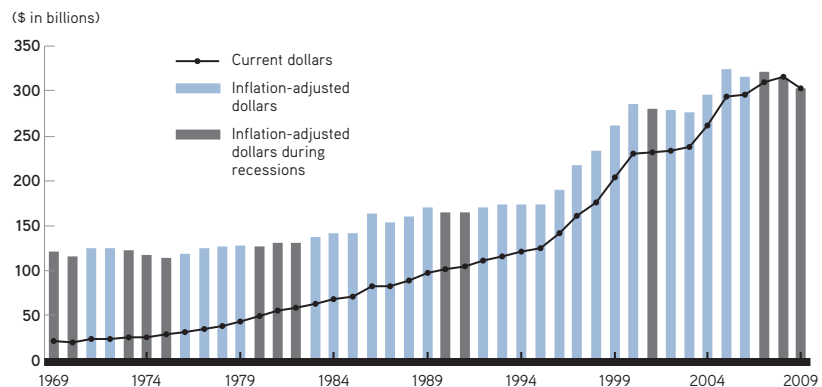
## Giving USA Reports Steepest Decline in Charitable Giving

The lingering effects of the economic recession took a toll on charitable contributions again in 2009, with *Giving USA* reporting the “steepest” decline in current dollars since 1956, the first year of the report. Overall giving decreased an estimated 3.6 percent (3.2 percent adjusted for inflation) to an estimated \$303.75 billion, down from \$315.08 billion in 2008, according to *Giving USA*.

Giving to education dropped 3.6 percent in 2009 (3.2 percent adjusted for inflation) to \$40.01 billion, following a 9.0 percent drop in 2008. A number of sectors—human services, health, international affairs, and the environment—rebounded nicely in 2009. However, only one of those sectors, international affairs, exceeded giving levels of 2007.

Giving totals in 2009 received a major boost from the \$1.6 billion in gifts made by five major donors in 2009: Stanley and Fiona Druckenmiller, \$705 million to the **Druckenmiller Foundation**; Michael Bloomberg, \$254 million to arts, human services, and other groups; Bill and Melinda Gates, \$350 million to

### Total Giving, 1969-2009



### Changes in Giving by Recipient Type, 2007-2009 (Adjusted for inflation)

PERCENTAGE CHANGE FROM PREVIOUS YEAR	2007-2009, CUMULATIVE*
Religion	-0.3%
Education	-3.3%
Human services	-11.9%
Health	-13.5%
Public-society benefit	-6.3%
Arts, culture and humanities	-2.9%
International affairs	-11.9%
Environment/animals	-3.6%

■ 2008-2009 ■ 2007-2008 \*The two-year change is calculated separately and is not the sum of the changes in the two years.

Source: Giving USA Foundation™ / Giving USA 2010, an annual publication of the Giving USA Foundation that is researched and written by the Center on Philanthropy at Indiana University.

their foundation; George Soros, \$150 million to **Central European University** and the **Fund for Policy Reform**; and Louise Dieterle Nippert, \$185 million to **Greenacres Foundation**.

Since a good portion of these gifts were made directly to foundations, the full impact would not have been reflected in gifts recorded by charitable institutions in 2009. ♦