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|  | | Wisconsin Department of Public Instruction  **CONTINUING EDUCATION ACTIVITY REPORT**  PI-2453 (Rev. 09-16) | | | | **INSTRUCTIONS:** Complete and submit annually to your library system validator along with the Annual Summation of Continuing Education Activities, Form PI-2454. Refer to the *Certification Manual for Wisconsin Public Library Directors* for assistance at <http://dpi.wi.gov/pld/certification>. | | | | | | |
|  | | | | I. GENERAL INFORMATION | |  | | | | | | |
| Name *Last, First, Middle* | | | | | | | | | | |
| Mailing Address *Street / PO Box, City, State, ZIP* | | | | | | | | | | | |
|  | | | II. CONTINUING EDUCATION ACTIVITY DESCRIPTION | | | |  | | | |
| Title of Program  People-Centered Fundraising for Your Library | | | | | | | | | | |
| Description of Program  Fundraising for libraries is not about asking for money – it is about engaging people. People-centered fundraising focuses on the passions and interests of donors – whether that is education, literacy, community development, equity, or something very specific and unique. Karen Rose provided the fundamentals and best practices of creating a fundraising plan that attracts, engages, and inspires people to give their most thoughtful gift – and keep giving – to the library. She covered fundraising fundamentals and best practices as well as preparing for successful capital campaigns. | | | | | | | | | | |
| Relationship of Program to Present Position or Career Advancement | | | | | | | | | | |
| Activity Dates | | | Location | | | | | Number of Contact Hours | | |
| From *Mo./Day/Yr.*  10/11/2022 | | To *Mo./Day/Yr.*  10/11/2022 | online webinar | | | | | Technology *If any* | | Total  1.0 |
| Provider *If applicable*  NEWI and SCLS | | | | | | | | | | |
| Category *Check one, attach written summary if applicable*  A. Credit Continuing Education *Attach formal documentation from the sponsoring agency.*  B. Noncredit Continuing Education  C. Self-directed Continuing Education | | | | | | | | | | |
|  | | | | III. SIGNATURE | |  | | | | | |
| **I HEREBY CERTIFY** that the information provided is true and correct to the best of my knowledge. | | | | | | | | | | | |
| Signature of Participant  ⮚ | | | | | | | | | Date Signed Mo./Day/Yr. | | |