The persuasiveness of message evidence and social distance:

Influencing the intention to donate and the perception of the charity

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This study examines the influence of message variables in fundraising messages on the intention to donate and on the way the charity is perceived. The two message variables in this study are message evidence and social distance. Message evidence is supporting argumentation for a certain point of view and will stimulate the successfulness of the fundraising message. The hypothesis for this study, based on previous studies, is that anecdotal message evidence would be more persuasive than statistical message evidence in increasing the intention to donate and to positively influence the perception of the charity. The second message variable, social distance is the chance that something will happen to the recipient. The hypothesis is that the individual frame of social distance would be more persuasive than the societal frame of social distance in concerning the two dependent variables. The hypotheses were tested in a 3 (anecdotal, statistical, combination of both) x 2 (societal, individual) design. Manipulation checks of social distance showed that the material was not sufficient enough to test some of the hypotheses. Only the hypotheses for message evidence were tested. The results of this study showed that anecdotal message evidence is more persuasive than statistical message evidence in increasing the intention to donate to charities.

Keywords: message evidence; social distance; persuasion; intention; perception

Nowadays people are overwhelmed with persuasive messages of charities that are striving for their attention. The charity sector has evolved enormously in the last decades (Sargeant & Lee, 2004). First of all, the number of charities has grown substantially. According to the National Center of Charitable Statistics (NCCS), the number of charities in the United States has grown from 1.200 in 1999 to 1.580 in 2009 (IRS Business Master File, 2010). New charities have to compete with existing charities for attention of potential donors. Secondly, some charities receive the majority of the donations because of their size (Sargeant & Lee, 2004). Those dominant charities will make it harder for smaller charities, which are less familiar, to gain new potential donors. Lastly, the decreasing support of the government has resulted in a higher need for private charitable support (Das, Kerkhof & Kuiper, 2008). These developments make it more difficult for charities to raise donations for the social problems that they are battling for (Das et al., 2008).

The question why people donate has been investigated in different research areas (Sargeant, Ford & Hudson, 2008), such as social psychology, clinical psychology, anthropology and economic studies. More recently, marketing researchers have started investigating the question why people support charities (e.g. Bendapudi, Singh & Bendapudi, 1996; Sargeant, 1999). The use of marketing techniques in fundraising processes has attracted more attention in the last couple of years (Bennett & Barkensjoo, 2005; Webber, 2004, Das et al., 2008) since it has become almost inevitable for charities not to reach out to marketing techniques to attract more donations (Bennett & Barkensjoo, 2005). Due to the developments in the charity sector, the key factor to attract new potential donors is to distinguish your charity from other charities. The possibility that potential donors will contribute to their charity depends on differentiation (Sargeant et al., 2008). It depends on how well they can distinguish themselves from others to deliver benefits such as trust, reduced risks of donating and increased interest (Sargeant et al., 2008). To differentiate, charities have started using fundraising

skills and commercial marketing methods that have not been used in the past to attract potential donors (Sargeant & Lee, 2004).

The charity used for this study, Heart Centre Twente, is a new charity and not known to the public. It currently does not receive any private donations. The charity wants to use the donations to support the Thorax Centre Twente located in the hospital Medisch Spectrum Twente in Enschede. This centre carries out, among other procedures, heart operations and vein transplantations. With the funds of the charity, good quality care could be given to patients and they can use the latest life saving techniques for dealing with heart diseases.

Factors influencing donating behavior

The main goal of a charity is to receive donations in order to help their beneficiaries. The behavior of the potential donor, the donating behavior, therefore is of importance. The actual behavior in this study is not interesting to test because this charity has not received many donations. It is more interesting to know if they would donate to this charity in the future. According to Azjen (1991) the intention to perform a behavior is the basis for the specific behavior. The more the intention to perform that behavior is present, the more it is likely to actually perform the behavior. The intention to perform the behavior, the intention to donate, will be the first dependent variable of this study.

Azjen (1991) states that there are three predictors of the intention according to the Theory of Planned Behavior: 'attitudes towards the behavior', 'subjective norms' and 'the perceived behavior control' (p. 188). The first, attitude towards the behavior, is an evaluation in which the person is positive or negative against the behavior at stake. In this case, how does the person feel about donating to Heart Centre Twente or not. The second, subjective norms, is the social pressure to execute the behavior or not. So in this case, the social pressure to donate to this charity. The third, perceived behavioral control, is the way the potential donor thinks how difficult or easy it is to donate to this charity.

The relative importance of the different predictors is not always equal (Azjen, 1991). Sometimes only the attitude towards the behavior predicts the intention and in other cases, subjective norms and perceived behavior control will also influence the intention to perform the behavior. Smith and McSweeney (2007) studied the Theory of Planned Behavior in relation to donating to charities in general. They stated that attitudes, perceived behavioral control and injunctive norms (part of subjective norms) all predict the intention to perform a behavior.

Besides knowing whether a potential donor has the intention to donate or not, it is useful to know how to influence attitudes to increase the intention to donate. Azjen (1991) mentioned that there are *behavioral beliefs (p. 91)* that could affect attitudes towards behavior. Azjen mentioned that most studies use the expectancy-value model of attitudes for attitude formation. This model suggests that attitudes are shaped by the beliefs that people have about the object of the attitude (Azjen, 1991). In this study, the belief will be the perception towards the charity Heart Centre Twente. The perception towards the charity can be formed by many things such as the attitude towards the charity, affinity with the charity, past experiences or the performance of the charity (Gaskin, 1999; Sargeant, West & Ford, 2004). However not all factors can be applied to a charity that is unknown and does not receive donations at the moment. Past experiences and the performance of the charity are for example factors that cannot be part of this study. Thus, the perception of potential donors towards the charity (behavioral belief) could influence the attitude towards the behavior. As mentioned above, this attitude towards the behavior influences the intention to perform the behavior. This study cannot test the attitude toward the behavior because the charity

did not receive donations. People cannot have an evaluation of this behavior if they did not perform the behavior. The perception can be investigated in this study because people can have an opinion about the charity without ever supporting the charity. The assumption, based on previous studies about the Theory of Planned Behavior, is that when the perception changes positively, the attitude towards the behavior also changes positively, which consequently increases the intention to perform the behavior. This is an assumption because the attitude towards the behavior will not be tested. Furthermore, the focus in this study is not on charities in general but on one specific charity. The assumption is that social norms and the perceived behavioral control do not influence the intention in this study because of the unfamiliarity of the charity. It is reasonable to believe that people do not know whether or not they feel social pressure or feel the perceived difficulty or easiness to donate to Heart Centre Twente.

Figure 1 shows the relations between the intention, the attitude and the perception of the Theory of Planned Behavior (Azjen, 1991) in this study. It is important to know how people feel about the charity to understand why they could be willing to donate, thus the perception will be the second dependent variable of this study.



The intention to donate and the perception towards the charity rely on many factors (Smith & McSweeney, 2007). The characteristics of the donor including gender and age could be of influence on the intention to donate or on the perception towards the charity (e.g. Bennett, 2003). These factors can be grouped as *characteristics of the potential donor*. The second group is the *characteristics of the charity*. The professionalism or efficiency of a charity can lead to an increase or decrease in the intention to donate or to a change in the perception of the charity (Sargeant, West & Ford, 2004). The third group is the *communication of the charity towards the recipient*. The charity can communicate about their values and goals via ads, posters, commercials etc. The foundation of this communication is a fundraising message. Charities can differentiate themselves via these messages (Das, Kuiper & Kuiper, 2008). Different message variables can be included in these fundraising messages in order to reach their goal such as increasing the intention to donate (De Wit, Das & **Vet**, 2008). Examples of these message variables are positive-negative framing, short-long temporal framing, message evidence and psychological distance (Rothman & Salovey, 1997; Chandran & Menon, 2004; De Wit et al., 2008; Das, Kerkhof & Kuiper, 2008; Nan, 2007).

The first two groups of influencing factors simply exist and cannot be changed in order to change the behavior of the potential donor. They lead to more knowledge about donating but will not increase the intention. These factors could be used for example in the communication towards the potential donor. Adjustments can be made in fundraising messages in the communication towards the potential donor to persuade the recipient to change his or her behavior. The focus of this study is therefore on the communication of the charity towards the recipient.

Message variables

In order to achieve their goals, charities can insert different message variables in their communication to let them stand out from other charities. These message variables can change the behavior of the recipient of the message or change the perception that they have of the charity. These message variables can for example increase the intention to donate. But people are not persuaded by all messages that are intended to persuade them (Hoeken, Hornikx & Hustinx, 2009). In order to stimulate the successfulness of the message, the receiver needs proof that supports the arguments used in the persuasive message (Morman, 2000; Reynolds & Reynolds, 2002). The potential donor of the chosen charity needs to be informed about the charity because of the unfamiliarity with the charity. After that, the potential donor can be persuaded to support the charity. He or she needs to have information about the goals of the charity and about why the charity is in need of support. This need for support is according to Bendapudi et al. (1996), the first step in the 'helping decision process'. This perception of need must be present in order to start the process whether or not to support the charity.

Message evidence is a message variable that can provide information that supports the statement made in a fundraising message. It gives the recipient of the fundraising message more knowledge about the charity (Morgan & Miller, 2002). Message evidence can persuade the recipient in four different ways. First, evidence can be displayed in a *statistical* manner. Evidence will be given through statistics and facts that are displayed as a recapitulation of a larger amount of cases (Kopfman, Yun, Smith & Hodges, 1998). Secondly, message evidence can also be displayed as an *anecdote* or *testimonial* (Das et al., 2008; Hoeken et al., 2009). Personal stories can be the evidence to support the argument (Allen, Bruflat, Fucilla, Kramer, McKellips, Ryan & Spiegelhoff, 2000). This kind of evidence is also called 'narrative evidence' (De Wit et al., 2008). Thirdly, *causal* message evidence will provide argumentation in a more cause and effect relationship (Hoeken et al., 2009). The fourth form of message evidence is *expert* message evidence. An opinion of an expert on that specific area will be used to persuade the recipient of the fundraising message (Hoeken et al., 2009).

The persuasiveness of anecdotal and statistical message evidence has been researched multiple times in the past; far more than the other forms of message evidence. Previous studies are inconclusive whether anecdotal or statistical message evidence is more persuasive. Hoeken and Hustinkx (2002) stated that anecdotal message evidence is less persuasive than statistical, causal and expert message evidence but this could be related to the type of statement that is at stake. This study wants to shed some light on why differences in results of persuasiveness were found between anecdotal and statistical message evidence. This could also contribute to the question of Hoeken and Hustinkx about the relation to the type of statement and the possible equal persuasiveness of anecdotal message evidence.

Besides proof that the charity is in need of support and more information about their goals etc., Schwarzer (2001) and Chaiken (1980) believe that also other aspects are necessary in order to change behavior. They believe that personal risk or relevance is needed before a person changes his or her behavior. The sense of personal risk or relevance affects judgments about products, persons or services and these judgments affect behavior towards these products, persons or services (Chaiken, 1980). This personal risk or relevance can be adapted through the message variable *psychological distance*. Psychological distance can affect evaluations and behavior. This distance can be close or distant (Trope, Liberman & Wakslak, 2007). "An event is in some manner psychologically distant whenever it is not part of the direct experience" (Trope et al., 2007, p. 84). Psychological distance can be experienced in many ways: temporal, spatial, social and hypothetical. *Temporal*

distance refers to an event or object that can happen in the present or future. *Spatial* distance is the location of the event or object. *Social* distance refers to the fact if an object or event 'will' happen to that person in question or someone like them. *Hypothetical* distance refers to the certainty that the event or object 'will' happen (Trope, Liberman & Wakslak, 2007).

In order to adapt the sense of personal risk or relevance, all four dimensions of psychological distance can be applied. The assumption is that social distance will have the largest influence on the intention to donate or to change the perception towards the charity in this study: more than the other dimensions of psychological distance. The assumption is based on the fact that social distance is related to a motive why people would donate. According to Sargeant et al. (2004), people intent to choose a charity to donate to, which they received profit from in the past or believe that they will profit from it in the future. This does not only apply to themselves but also to relatives, loved ones and friends (Sargeant et al., 2004), just like with social distance. Based on this assumption, social distance will be used as a dimension of psychological distance in this study.

Previous studies show that social distance was studied by for example belonging to in- or out-groups, by describing behavior of themselves and of others or by a societal-individual frame. Fiedler, Semin, Finkenauer and Berkel (1995, cited in Nan, 2007) stated that behavior of others is being described as a social distance which is distant, so not part of their direct experience. Behavior of themselves is being described as a social distance which is near. In- and out-groups are also a way of framing social distance. An out-group will be seen as socially distant because the person does not belong to it and in-groups are seen as socially near because they do belong to it (Jones, Wood & Quattrone, 1981). Nan (2007) used a societal-individual frame to change the social distance in a message. The societal frame is based on compliance (or not) towards the community (Nan, 2007). An example of this societal frame is: *"Taking public transit instead of driving a car for daily commute provides cleaner air for people in your community"* (Nan, 2007). An example of the individual frame is based on compliance (or not) towards the individual frame is based on compliance (or not) *durate for you* (p. 494).

This study will continue with the societal-individual frame of Nan (2007). Little attention has been paid to this frame regarding the persuasiveness of the message within the fundraising sector. The influence of this particular frame needs further investigation. The following paragraphs will describe previous studies about message evidence and social distance.

Anecdotal, statistical or both?

Throughout the years, many studies have examined the persuasiveness of statistical versus anecdotal message evidence. Outcomes of these studies have been contradictory and can be divided over three groups: 1) anecdotal message evidence is more persuasive than statistical message evidence, 2) statistical message evidence is more persuasive than anecdotal message evidence and 3) there are no differences in persuasiveness between the two types of message evidence (Kopfman et al., 1998). The studies in the '70's and '80's stated that anecdotal message evidence was more persuasive than statistical message evidence (Wells & Harvey, 1977; Martin & Powers, 1979; Koballa, 1986; Reinard, 1988). However, in the '90's and the 00's, more studies stated that statistical message evidence was more persuasive than anecdotal message evidence (Baesler, 1991; Allen & Preis, 1997; Allen et al., 2000; Hoeken, 2001; Hoeken & Hustinx, 2002; Greene & Brinn, 2003; Hornikx, 2005; Hoeken & Hustinx, 2009). The general line shows that more recent studies state that statistical message evidence is more persuasive than anecdotal message evidence.

Most of these studies in the past have had different subject types on which the persuasiveness was tested. Examples of subjects of these studies are youth delinquencies (Baesler, 1991), cosmetics, the validity of tests (Allen et al., 2000) and instruction folders (Hornikx, 2005). Most of these studies do not resemble the theme of this study. Das et al. (2008) mentioned that there are not a lot of studies that studied message evidence in the charity sector. Das et al. (2008) researched message evidence in relation with the positive-negative frame. They did not do research on message evidence specifically. However, there are studies that are somewhat identical to this study based on the fact that they are health-related. The study by Weber and Martin (2006) researched message evidence in relation to the emotion of the message (humor vs. sad). They tested the persuasiveness of message evidence towards signing an organ donation card. However they also did not solely test message evidence. This study is not about organ donation but about monetary donation for a healthrelated concern. The study by De Wit et al. (2008) tested the persuasiveness of message evidence in changing behavior that was health-related. Weber and Martin (2006) and De Wit et al. (2008) stated both that anecdotal message evidence was more persuasive than statistical message evidence. Those two studies are similar to this study as they are based on the health-related concern. Therefore the assumption in this study is that anecdotal message evidence is more persuasive than statistical message evidence.

Furthermore, Das et al. (2008) mentioned that fundraising messages are generally processed with low motivation. Potential donors are overwhelmed with fundraising messages because there are so many charities. When people process messages with low motivation, they generally use the peripheral route of the Elaboration Likelihood Model for processing (Petty & Cacioppo, 1984). A study by Kopfman et al. (1998) mentioned that cognitive reactions were more influenced by statistical message evidence and affective reactions were more influenced by anecdotal message evidence. This result assumes that anecdotal message evidence supports processing via mental shortcuts (peripheral route) and statistical message evidence supports a more systematic way of processing the information (central route) (Chaiken, Liberman & Eagle, 1989). The idea that fundraising messages are generally processed with low motivation assumes that anecdotal message evidence is more persuasive than statistical message evidence for fundraising messages.

In addition, anecdotal message evidence leads to easier acceptance of a personal health risk and changing behavior when the message is 'preference-inconsistent' (p. 110) (Slater & Rouner, 1996, cited in De Wit et al., 2008). This means that the message is not congruent with the existing attitude towards the message. Statistical message evidence leads to more persuasion when the message is 'preference-consistent' (p.110) (Slater & Rouner, 1996, cited in De Wit et al., 2008). Slater and Rouner (1996) stated that health risk messages are generally scary and usually not welcomed with much enthusiasm. People are usually more resistant to these messages (Slater & Rouner, 1996, cited in De Wit et al., 2008). They do not match their existing attitude towards the subject. Therefore the assumption is that anecdotal message evidence is more persuasive than statistical message evidence for a message that is health-risk related.

Even though the results of previous studies state that statistical message is more persuasive than anecdotal message evidence, the results of rather identical studies lead to the assumption that in this study anecdotal message evidence will be more persuasive than statistical message evidence concerning the two dependent variables. This assumption is strengthened by the thought of low motivation and a message that is generally preference-inconsistent. This leads to the following hypotheses: H1: Anecdotal message evidence will be more persuasive than statistical message evidence in a fundraising message to increase the intention to donate.

H2: Anecdotal message evidence will be more persuasive than statistical message evidence in a fundraising message to positively influence the perception towards the charity.

Combining anecdotal and statistical message evidence

Allen and Preis (1997) suggested that a combination of anecdotal and statistical message evidence could be more persuasive than the either of the types separately. The present study will take this suggestion into account. There is only one study that studied this matter. Allen et al. (2000) stated that when using a combination of both types of message evidence, the message was more persuasive than when just one type of message evidence was used.

There are indications that it could go either way. Studies have shown that the more arguments are presented in a message, the easier people can be persuaded (e.g. Petty & Cacioppo, 1984). According to Das et al. (2008) most of the fundraising messages are processed with low motivation. In general, people are not that interested in these messages. The more arguments presented in a fundraising message, the better the arguments are perceived by the recipient and persuaded when they are not involved (Ranganath, Spellman & Joy-Gaba, 2010). This shows resemblances to the peripheral route of the Elaboration Likelihood Model (Petty & Cacioppo, 1979). When people process the message in this matter, they are influenced by cues, mental shortcuts. The opposite could also be the case. Combining the two forms of message evidence could also lead to emphasizing the intent to persuade people. When this intent is blatant, people will resist the fundraising message and they will not support the charity. This is based on the theory of psychological reactance (Brehm, 1966). People are aware of the persuasive intent and they feel that their freedom will be violated when they agree with the message. Thus, they will not comply with the persuasive intent (Brehm, 1966). This leads to the following research question:

R1: Does a combination of both types of message evidence lead to a higher intention to donate and does it positively influence the perception towards the charity?

Societal-individual frame

So far, it has been argued that anecdotal message evidence could increase the intention to donate and could positively change the perception of the charity. Another strategy besides the information that the potential donor receives from the fundraising message, is to change the social distance of the potential donor towards the fundraising message. As mentioned above, this study will continue with the societal-individual frame of Nan (2007). There are no other studies that researched the societal-individual frame except for the studies by Nan (2007) and by Chyi and McCombs (2004). The study by Chyi and McCombs had five different stages of the dimension that they referred to as 'space'. They made a distinction between individual, community, regional, societal and international space. They did not examine the persuasiveness of these frames. The results of the study by Nan (2007) stated that the societal frame was more persuasive when people make judgments for a social distant entity (for others) versus a social proximal entity (for themselves). She did not found results for the persuasiveness of the individual frame in relation to both of the social entities.

This study wants to investigate the persuasiveness of social distance on the intention to donate and on the perception towards the charity of potential donors themselves. Therefore the proximal social entity is central. The assumption is that when the social entity is proximal (for

themselves) that the individual frame will be more persuasive than the societal frame. Nan (2007) did not find this result but she did find that the societal frame was more persuasive than the individual frame when the social entity was distant. In this case, the assumption is the other way around. Although, Nan (2007) did not find this result, she stated that this could be caused by inadequate statistical power to search for small effects. Furthermore, she is the only one that investigated this frame. More research is necessary to make statements about the persuasiveness of the societal-individual frame. The assumption is that the individual frame will be more persuasive for the social proximal entity in relation to the two dependent variables.

This assumption is supported by the Hofstede's Individualism-Collectivism dimension (2001). It is especially in this study. The Netherlands scores high on individualism. An individualistic country: 1) believes that nothing is more important than the individual, 2) prefers to support independence over dependence, 3) rewards individuals for their accomplishments and 4) appraises a person's uniqueness (Triandis, 1995). They prefer to perform behavior that benefits their individual person. Thus, more attention is paid to the individual and this strengthens the assumption that the individual frame will be more persuasive when someone is making judgments for themselves. This leads to the following hypotheses:

H3: An individual frame is more persuasive than a societal frame in increasing the intention to donate in a fundraising message.

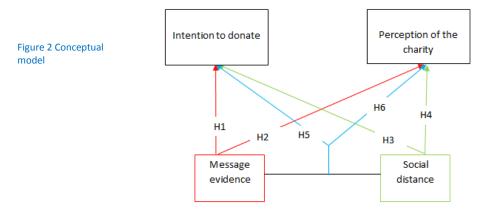
H4: An individual frame is more persuasive than a societal frame in positively influencing the perception towards the charity in a fundraising message.

Interaction between the two message variables

The assumption is that interaction effects can appear between message evidence and social distance. Both anecdotal message evidence as well as the individual frame of social distance focuses on the individual. The societal frame of social distance and statistical message evidence are concerned with the greater good. The assumption is that when the focus is the same, the individuals or the group, that an interaction effect may appear. As mentioned earlier, the Netherlands is an individualistic country. The individual is more important than the group (Hofstede, 2001). Previous studies on marketing appeals show that individualistic appeals are more persuasive for individualistic countries than collectivistic appeals (Han & Shavitt, 1994). The assumption is in this case that anecdotal message evidence and the individual frame together (vs. statistical message evidence and the societal frame) will be more persuasive in increasing the intention to donate and to positively change the perception towards the charity. This leads to the following hypotheses:

H5: A fundraising message with both anecdotal message evidence and an individual frame will increase the intention to donate compared to statistical message evidence with a societal frame.

H6: A fundraising message with both anecdotal message evidence and an individual frame will positively influence the perception towards the charity compared to statistical message evidence with a societal frame.



Method

<u>Overview</u>

The goal of this study was to test if the two message variables -message evidence and social distancehave an influence on the intention to donate and on the perception towards this charity. A number of independent variables such as gender, age, degree of involvement and the motive for visiting the Thorax Centre Twente were also taken into account. These variables are also measured as covariates.

Design & procedure

The hypotheses in this study were tested via a 3 (message evidence: anecdotal vs. statistical vs. combination of both types) x 2 (social distance: societal frame vs. individual frame) design. This design led to six fundraising messages. The participants filled in a survey about the charity Heart Centre Twente. The survey was in a written form (N=150) and in a digital version (N=150). The participants that filled in the digital version were at home and the written version was filled out at the hospital in Enschede at the Thorax Centre departments.

The written version of the survey was handed out to the participants in the hospital and the surveys were collected after thirty minutes. The participant had to read one of the six fundraising messages that incorporated message evidence and social distance. After reading the message, the participant had to give answers to statements on a 5-point-Likert scale.

Participants

300 participants filled in the survey, 162 men and 131 women (not all participants indicated their gender). The participants were equally divided over the six fundraising message in a random order. The 150 surveys that were filled in by participants in the hospital of Enschede were mostly patients. Some of the participants were relatives or friends visiting the patient. The 150 participants that filled in the digital survey were randomly chosen. The age of the participants varied between 16 and 92 years and the average age was 51.6 years. The participants that filled in the written survey in the hospital were seen as participants with a high degree of involvement. They could directly gain advantage from the charity because the reason the patient was in the hospital survey were seen as participants with a low degree of involvement. They did not have a connection with the Heart Centre Twente. The difference in the degree of involvement was made to see of this also influences the two dependent variables with a charity that is unfamiliar and small. There were no

significant differences between the age and the degree of involvement of the respondents in relation to the six fundraising messages.

There was a marginal significant difference for gender and the six fundraising messages (F= 2.10; p=.07). The difference was between the scenarios with anecdotal message evidence-individual frame and statistical message evidence-societal frame. 34 men and 14 women participated in this survey with the combination of anecdotal message evidence and the individual frame. 21 men and 28 women participated in this survey with the combination of statistical message evidence and the societal frame. The other scenarios have more men than women only the scenario that contains statistical message evidence with a societal frame has more women than men.

Materials

Fundraising messages. The content of the fundraising messages was based on information that was published on the website of the "Hartstichting" and on the website of the Thorax Centre Twente. The "Hartstichting" is the largest Dutch charity in this field. The fundraising message with anecdotal message evidence was fictitious. The manipulations of message evidence are described in the appendix A. An example of anecdotal message evidence inserted in the fundraising message was: "Peter is a heart patient. Too little blood is transported to his heart because his coronary arteries are too narrow". An example of manipulation with statistical message evidence was: "The results of the study show that 70 percent of the patients have problems with their coronary artery. The manipulations of social distance are also described in the appendix A. An example of manipulation of social distance with an individual frame was: "Help hearts". An example of a manipulation of a manipulation frame was: "Help your own heart". All the fundraising messages are displayed in appendix A.

Influencing factors such as the length of the text, the amount of message evidence or social distance adjustments, the vividness and the understandability of the text (Hoeken and Hustinx, 2002; Baesler and Burgoon, 1994; Hoeken, et al., 2009) were controlled. The amount of words of the fundraising messages with one type of message evidence differed between 165 and 170. The amount of words for the fundraising messages with both types of evidence differed between 209 and 215. The largest difference in words between all fundraising messages was 50. The length of the text with both types of message evidence was longer because all the evidence arguments that were inserted in the fundraising message. The largest difference in words between the same kind of fundraising messages was six. Message evidence and social distance were manipulated two times in every fundraising message. In the fundraising messages with the combination of both types of message evidence and the understandability of the text were pretested to see if these were the same for the different fundraising messages. They were also measured in the survey.

Pretest

Ten participants pretested the fundraising messages to see if they transmit the feelings of the two message variables. The difference between the two types of message evidence and the two frames of social distance had to be clear. The participants read the message and could make remarks about every word of the message. After that, the participant answered questions through which appliance of the message variables could be checked. The participant explained their findings after answering the questions. They explained their remarks and the answers given to the questions. The survey itself was not pretested because the questions were already tested in previous studies. These questions in

previous studies were asked in English and for this study the questions were translated to Dutch. Some adjustments to the manipulation questions were made after the pretest in order to make the distinction more clear between the different types of message evidence and social distance frames.

Survey. The survey consisted out of five constructs: The intention to donate, the perception of the charity, message evidence, social distance, the questions about vividness, understandability and relevance.

Intention to donate to Heart Centre Twente. This construct was assessed with three items based on a 5-point Likert scale (1= totally disagree, 5= totally agree). An example of an item was: "It is very likely that I will support the charity that is mentioned in the text". The Cronbach's Alpha of this construct was .85.

<u>Perception of the charity</u>. This construct was assessed with seven items on a 5-point Likert scale. This construct consisted out of two sub constructs: affinity with the cause and the risks or negative points of donating (Sargeant and Woodliffe, 2007; Webb, Green and Brashear, 2000). Not all factors of perception such as efficacy or trust were applicable in this study because of the unfamiliarity of this charity. An example of an item was: "This charity supports a cause that is important to me". One item was added to this construct on behalf of the charity. The item was: "People will give more to charities with which they can identify themselves". There were 10 items in total. The items that concerned the negative points of donating were reversed in order to fit the construct perception. The Cronbach's Alpha of this construct was .76.

<u>Message evidence.</u> Four items in the survey assessed the perceived type of message evidence on a 5point Likert scale (Parrott, Silk, Dorgan, Condit, Harms, 2005). An example of an item was: "The information in the message was based on facts (or emotions)". The application of this message variable did not completely succeeded (α =.05). A significant difference was found for the question of a *personal story* (*F*=23.76; *p*<.001) and for the question of *numbers* (*F*= 5.11; *p*<.001). The participants with anecdotal message evidence inserted in the message considered this message more personal than the participants with statistical message evidence inserted in the message. The opposite appeared with the question of *numbers*. The participants with statistical message evidence inserted in the message found the message more about numbers than the participants with anecdotal message evidence inserted in the fundraising message. The questions of *emotions* (*F*=1.33; *p*=.25) and of *statistical facts* (*F*=2.24; *p*=.053) did not show an effect between statistical and anecdotal message evidence.

<u>Social distance.</u> Three items in the survey assessed the application of social distance. An example of the item was: "The attention in the message lies on helping yourself". The items were developed for this study and have not been tested before. The application of this message factor did not have an effect (*F*=0.67; *p*=.65, *F*=1.9; *p*=.09, *F*=1.00; *p*=.42). There were no significant differences between the six fundraising messages. Thus, the material of this message variable was not sufficient enough to test the hypotheses. This study will continue with only message evidence.

<u>Vividness, understandability and relevance</u>. Baesler and Burgoon (1994) stated that the vividness and understandability of the text are of influence on the persuasiveness of the text. Therefore it is

important to keep these aspects constant. The relevance was measured to test if there were no differences between types of message evidence. The vividness (F=.78; p=.46), understandability (F=.34; p=.71) and relevance (F=1.81; p=.17) of the messages were equal over all the fundraising messages. The message with anecdotal message evidence was not more vivid, understandable or relevant than the message with statistical message evidence.

The survey also consisted out of several general questions such as age, gender and motive for visiting the Thorax Centre Twente.

Results

A MANCOVA was performed with the two dependent variables: message evidence as a fixed factor and four covariates (gender, age, degree of involvement and motive for visiting the Thorax Centre Twente). The MANCOVA indicates that message evidence affected the intention to donate to the charity. The results of the MANCOVA are displayed in table 1 with the main effects and the effects for the covariates. Further analyzing this result reveals that there was a significant difference between anecdotal message evidence and statistical message evidence. Anecdotal message evidence was more persuasive (M=3.13, S=.87) in increasing the intention to donate than statistical message evidence (M=2.76, S=.98). Hypothesis 1 was hereby accepted that anecdotal message evidence is more persuasive than statistical message evidence on the intention to donate. There was also a significant difference between anecdotal message evidence and a combination of both types of message evidence. Anecdotal message evidence (M=3.13, S=.87) was more persuasive than a combination of both types of message evidence (M=2.99, S=.74).

There was no significant difference between statistical message evidence and a combination of both types of message evidence. These results indicate that the answer to the research question concerning the combination of both types of message evidence is that a combination is less persuasive than anecdotal message evidence and not more persuasive than statistical message evidence.

As table 1 shows, message evidence did not affect the perception of the charity. Thus, hypothesis 2 was rejected which means that anecdotal message evidence is not more persuasive than statistical message evidence on the perception of the charity. The material of social distance was not sufficient enough to test the hypotheses. Thus, hypotheses 3, 4, 5 and 6 about social distance and the possible interaction effects cannot be tested.

Effects	Intention to donate		Perception of the charity	
	F	р	F	р
Message evidence	5.894	.003	1.981	.14
Covariates				
Gender	8.316	.01		
Degree of involvement	22.889	.001	8.273	.01
Independent variables				
Degree of involvement	5.551	.02		

Table1 Results message variables

Note. Significant difference at *p*= 0.05

Covariates such as gender, degree of involvement, age and motive for visiting the Thorax Centre Twente were also measured by the MANCOVA. Only gender and the degree of involvement affected

the two dependent variables. Gender influenced the intention in which men (M=2.87, S=.99) were more willing to donate than women (M=2.69, S=.96) with a message that contained statistical message evidence. Participants with a high degree of involvement (M=3.70, S=.65) were more inclined to donate than participants with a low degree of involvement (M=2.57, S=.66) when a message contained anecdotal message evidence. The same applies to a message with statistical message evidence. Participants with a high degree of involvement (M=3.19, S=.95) were more willing to donate than participants with a low degree of involvement (M=2.33, S=.81) when the message contained statistical message evidence. Participants with a low degree of involvement (M=2.33, S=.81) when the message contained statistical message evidence. Participants with a high degree of involvement (M=3.64, S=.53) also had a more positive perception towards the charity than participants with a low degree of involvement (3.11, S=.44) with a message that contained statistical message evidence.

A second MANCOVA measured independent variables such as gender, age, degree of involvement and the motive for visiting the Thorax Centre Twente in relation to the two dependent variables without the influence of message evidence. Table 1 also displays the effects of the second MANCOVA. Only the degree of involvement influenced the intention to donate. A high degree of involvement (M=3.38, S=.79) stimulated the overall intention to donate more than a low degree of involvement (M=2.54, S=.75).

Discussion

This study tested the effects of message variables -message evidence and social distance- on the intention to donate and on the perception towards the charity. It was hypothesized that anecdotal message evidence was more persuasive than statistical message evidence in relation to the two dependent variables. Furthermore it was proposed that the individual frame of social distance was more persuasive than the societal frame in relation to the two dependent variables. Finally, it was argued that interaction effects would appear between anecdotal message evidence and the individual frame.

As expected, a fundraising message with anecdotal message evidence was more persuasive in increasing the intention to donate to the charity than statistical message evidence. This result is congruent with previous studies that stated that anecdotal message evidence is more persuasive than statistical message evidence (e.g. Weber and Martin, 2006; De Wit et al, 2008). This results supports the idea that anecdotal message evidence is more appropriate for fundraising messages than statistical message evidence because most messages are processed with a low motivation (Petty & Cacioppo, 1984). This result also contributes to the idea that anecdotal message evidence is more useful for messages that concern a health-risk than statistical message evidence because they are usually scary and not received with much enthusiasm (Slater & Rouner, cited in De Wit et al., 2008).

The persuasiveness of anecdotal message evidence over statistical message evidence is not congruent with studies that stated that statistical message evidence is more persuasive or that there is no difference in persuasion. I believe that other factors such as the preference-consistence of the message contribute to the persuasiveness of message evidence so it cannot be said that one type is in general more persuasive than the other type of message evidence. It has been stated that when a message is preference-consistent that statistical message evidence is more persuasive than anecdotal message evidence. When the message is preference-inconsistent it has been stated that anecdotal message evidence is more persuasive than statistical message evidence. I believe that the preference-consistence of the message, amongst other factors, contributes to the difference in results of previous studies.

Previous studies that examined the persuasiveness of message evidence are executed in many different areas with different themes (e.g. youth delinquencies, cosmetics, organ donation or supporting charities). The theme of the message which has to persuade the recipient can cause a preference-inconsistent or –consistent attitude towards the message. This attitude towards the message will influence the persuasiveness of message evidence. As Weber and Martin (2006) mentioned in their study, the context of the message should be taken into account. This conclusion also relates to the question of Hoeken and Hustinx (2002) mentioned in the theoretical framework. They believed that the type of statement could cause the lower power of persuasiveness of anecdotal message evidence. Based on this result, their assumption was correct. The type of statement or the theme of the message and therefore the preference-consistence towards the message, can influence the persuasiveness of message evidence. Future studies could further explore the persuasiveness of message evidence with a distinction between the types of statement or attitudes towards the message. This could also lead to more knowledge whether in which cases anecdotal or statistical message evidence is more persuasive.

No effect was found for message evidence on the perception of the charity. As mentioned in the theoretical framework, the perception could influence the attitude towards the behavior of donating. Azjen (1991) mentioned in his study that there is enough support for the link between beliefs and the attitude towards the behavior but the exact process still remains doubtful. The results of this study show a main effect for message evidence on the intention but not towards the perception. This result states that message evidence does not influence the perception towards the charity. As mentioned in the theoretical framework, the attitude towards the behavior was not tested. The assumption is that the attitude towards the behavior influences the intention to perform the behavior. Moreover, it was assumed that there was a positive relation between the perception and the attitude towards the behavior will do the same. As Azjen (1991) mentioned, the process between beliefs (perception) and the attitude towards the behavior is not completely clear. I believe that the found effect for intention and not for perception could be caused by the fact that the perception did not influence the attitude towards the behavior in this study.

It is reasonable to believe that the attitude did influence the intention to perform the behavior. This because the intention increased and as Azjen (1991) states that attitudes towards the behavior play a very important role in predicting the intention to perform the behavior. The result of this study shows that the attitude towards the behavior could therefore be influenced by other factors that were not measured in this study. Those factors could be the subjective norms or the perceived behavioral control for example. The Theory of Planned Behavior (Azjen, 1991) describes that the attitude, the perceived behavior control and the subjective norms not only influence the intention but they are also influencing each other. It could be that my assumption, that the subjective norms and perceived behavior control do not play a role in this study because the focus is on only one charity and not charities in general, is false. The perceived behavioral control can influence the intention to donate to this charity for example because people can think it is difficult to support the charity because they have no knowledge on how they can support them through a lack of information.

The results of this study show that anecdotal message evidence is more persuasive than statistical message evidence or when both types of message evidence were used. There was no difference between statistical message evidence and the use of both types of message evidence, and

therefore both are equally persuasive in this study. These results cannot be explained by the theory of reactance by Brehm (1966) or that mere arguments ensure more persuasiveness (Petty & Cacioppo, 1979) as mentioned in the theoretical framework. The theory of reactance assumes that both anecdotal and statistical message evidence ought to be more persuasive than the combination and that is not the case. With the mere arguments, the combination of both types of message evidence ought to be more persuasive than anecdotal or statistical message evidence. This is also not the case. The result could be explained by the possible dominance of statistical message evidence in the combination of both types of message evidence.

The idea that statistical message evidence is more dominant in combination with anecdotal and statistical evidence is based on the result that the combination of both types of message evidence and statistical message evidence are equally persuasive and less persuasive than anecdotal message evidence. Therefore it is reasonable to believe that a message with the combination of both types of message evidence or with statistical message evidence will be processed via the same route of the Elaboration Likelihood Model which should lead to persuasion. As mentioned earlier, the assumption is that anecdotal message evidence supports processing via the peripheral route and statistical message evidence supports processing via the central route. I believe that a message with the combination of both types of message evidence was also processed via the central route of the Elaboration Likelihood Model which can be caused by the possible dominance of statistical message evidence over anecdotal message evidence when used together in a message. This possible dominance is something that could be investigated in future studies.

The material of social distance was not good enough to test the hypotheses. Thus, it cannot be said that social distance has an influence on the intention to donate and on the perception towards the charity. The same applies for the possible interaction effects between message evidence and social distance. These hypotheses could also not be tested due to the insufficient material. A suggestion for future research is given in the next paragraph.

Only gender and the degree of involvement influenced the two dependent variables as covariates. Men were more willingly to donate to the charity than women when the message contained statistical message evidence. This result is not in line with previous studies on gender differences and information processing. Meyers-Levy (1989) and Brunel and Nelson (2003) both mentioned that females tend to process messages more systematic and elaborative and that males use more heuristic cues for processing messages. This contradicts the result of this study when suggested that elaborative processing is congruent with statistical message evidence and processing via heuristic cues is congruent with anecdotal message evidence. The male participants were more persuaded by statistical message evidence than the female participants in this study.

The difference between gender and the processing of messages can disappear according to Meyers-Levy and Maheswaran (1991) when situational factors appear. Situational factors can stimulate both genders to engage in a systematic processing of a message. I believe that situational factors instigated a systematic processing of the message for men. Studies in the future could include these situational factors to explore their influences on the relation between gender, information processing and message evidence. The difference between gender and message evidence concerning the intention to donate is significant but I believe that difference is not large enough to apply different communication strategies for men and women.

As mentioned in previous studies (Bae & Kang, 2008), the degree of involvement has a direct effect on the intention to donate. A higher degree of involvement leads to a higher intention to perform a behavior. In the medical research area, the degree of involvement that one has with the

medical problem or issue supported by the charity is of great importance for donating (Sargeant, 1999). If one suffers from the problem that the charity supports, this person will be more willing to support the charity than a person that has no relation with the medical problem or issue (Sargeant, 1999). The result of this study is congruent with this theory. Participants with a high degree of involvement were more willing to donate to Heart Centre Twente with either anecdotal or statistical message evidence. It can be expected that people with a high degree of involvement generally process the message via the central route of the Elaboration Likelihood Model (Petty & Cacioppo, 1979) because the message could be more relevant to them. As mentioned previously, statistical message evidence supports the central route of information processing. This assumes that those participants should be persuaded more by statistical message evidence. The fact that the participants were more willing to support the charity with either of the two types of message evidence could be due to the preference-consistence towards the message. Participants that were willing to donate with statistical message evidence could be preference-consistent towards the message. Those potential donors are very involved and are positive towards donating to this specific charity. Participants that were more willingly to donate with anecdotal message evidence could be preference-inconsistent towards the message. These potential donors could be very involved but are very negative about donating to a specific charity because they, for example, feel that the charity is wasting too much money. Not only does the degree of involvement influence which processing route will be used, but I believe that the preference-consistence of the message also affects the processing route. This could be taken into account in future studies.

Participants with a high degree of involvement had a more positive perception towards the charity when statistical message evidence was used. This is congruent with previous studies on the degree of involvement and the processing route. For the practical implication, the degree of involvement is therefore important for Heart Centre Twente because it will connect the potential donors to her charity. People have a preference for local causes in need of support (Hajjat, 2003). The difference between the participants with a high and a low degree of involvement was large enough to be implemented in the communication strategy of Heart Centre Twente to focus on potential donors with a high degree of involvement.

Limitations

A limitation of this study is that the difference between anecdotal message evidence and statistical message evidence was not completely clear. Four questions were asked to see whether the participants perceived the message as more anecdotal or more statistical. The message with anecdotal message evidence was seen as a message with a personal story but not with emotions. The message with statistical message evidence was seen as a message with a personal story but not with emotions. The message with statistical message evidence was seen as a message with numbers but not with statistics. This could be of influence on the results of this study. The idea is that this is not due to the material but to the questions. The thought is that emotions could also appear with statistical information and that the definition of statistics not entirely clear is to most of the participants. This could have led to the fact that the distinction between the two types of message evidence was not clear on those two items. For future research different words must be chosen to define anecdotal and statistical message evidence. More research is also necessary for applying both types of message evidences at the same time. This was only the second study that researched this combination.

The second limitation of this study is that the material of social distance was not sufficient enough. The difference between the societal and individual frame of social distance was not clear.

Future research must use a different approach in order to use social distance in a fundraising message.

An approach can be that the difference in the societal and individual frame will be mentioned more specifically. For example, the individual frame can be explained as yourself and the societal frame can be explained as your school or your sport club. It can be that a more specific definition of the frames will lead to a better distinction. Future research must pay more attention to the societalindividual frame. This study was only the second study that researched, in this case attempted to research, this frame. More research is necessary to understand this frame and use it to his full potential.

The third limitation of this study is that only one charity has been studied. Therefore it is not possible to use these results for other charities that are not comparable with this charity. A charity that is larger or more familiar must have different aspects of perception that could be taken into account. The perception could exist of more sub constructs such as trust or efficacy. Bendapudi et al. (2006) stated that marketing research made no distinction between organizations that are well-known and organizations that are not. They prefer that distinctions are made so that strategies can be adapted to those differences. Future research should test these message variables with different kind of charities in size and familiarity in order to see whether the same results will appear. Possible differences could cause for the development of different strategies.

This study gives more insights on the influences of message evidence in relation to the intention to donate and in relation to positively influencing the perception towards the charity in fundraising messages. This study contributes to the knowledge of previous studies on this research matter. The main conclusion for this study is that it cannot be said that anecdotal message evidence is more persuasive than statistical message evidence or the other way around. There are more factors that play a role in the persuasiveness of message evidence such as preference-consistence of the message or situational factors. To use message evidence to its fully potential, more research is necessary on those factors that could influence the persuasiveness. The belief is that the charities can use this knowledge in their advantage in times when it is difficult to differentiate itself as a charity and to attract donations.

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Appendix A

A summary of the six fundraising messages used in this study. The study was a 3 (message evidence: anecdotal vs. statistical vs. combination of both types) x 2 (social distance: societal frame vs. individual frame) between-subjects design. The fundraising messages are in Dutch.

1. Anecdotal message evidence and a societal frame Harten helpen?

Gelukkig zijn hart- en vaatziekten niet langer meer de nummer 1 doodsoorzaak in Nederland. Toch blijft het iets om rekening mee te houden. Peter is hartpatiënt. Bij hem wordt er te weinig bloed afgegeven aan zijn hart omdat zijn kransslagaders vernauwd zijn. Hierdoor kon zijn hartspier niet meer goed functioneren. Peter kreeg pijn op zijn borst en hij had een uitstraling naar zijn linkerarm en kaak. Zijn geliefde sport, volleybal, kon hij op dat moment wel vaarwel zeggen. Het Thoraxcentrum in Enschede helpt patiënten met hart- en vaatziekten. <u>Stichting Hartcentrum Twente</u> zorgt ervoor dat deze patiënten in het Thoraxcentrum geholpen kunnen worden met moderne levensreddende technieken en de beste kwaliteitszorg. Door de hulp van de stichting heeft het Thoraxcentrum Peter kunnen helpen. Peter is nu weer op het volleybalveld te vinden.

Als u nu <u>Stichting Hartcentrum Twente</u> steunt, dan helpt u het hart van de mensen om u heen. Met een eenmalige donatie van tien euro helpt u al! Kunnen de harten van deze mensen op u rekenen?

2. Anecdotal message evidence and an individual frame Uw eigen hart helpen?

Gelukkig zijn hart- en vaatziekten niet langer meer de nummer 1 doodsoorzaak in Nederland. Toch blijft het iets om rekening mee te houden. Peter is hartpatiënt. Bij hem wordt er te weinig bloed afgegeven aan zijn hart omdat zijn kransslagaders vernauwd zijn. Hierdoor kon zijn hartspier niet meer goed functioneren. Peter kreeg pijn op zijn borst en hij had een uitstraling naar zijn linkerarm en kaak. Zijn geliefde sport, volleybal, kon hij op dat moment wel vaarwel zeggen. Het Thoraxcentrum in Enschede helpt patiënten met hart- en vaatziekten. <u>Stichting Hartcentrum Twente</u> zorgt ervoor dat deze patiënten in het Thoraxcentrum geholpen kunnen worden met moderne levensreddende technieken en de beste kwaliteitszorg. Door de hulp van de stichting heeft het Thoraxcentrum Peter kunnen helpen. Peter is nu weer op het volleybalveld te vinden.

Als u nu <u>Stichting Hartcentrum Twente</u> steunt, dan helpt u uw eigen hart. Met een eenmalige donatie van tien euro helpt u al! Kan uw eigen hart op u rekenen?

3. Statistical message evidence with a societal frame Harten helpen?



Gelukkig zijn hart- en vaatziekten niet langer meer de nummer 1 doodsoorzaak in Nederland. Toch blijft het iets om rekening mee te houden. Uit onderzoek blijkt dat 70% van de hartpatiënten problemen heeft met zijn of haar kransslagaders. De kransslagaders raken vernauwd waardoor er te weinig bloed en zuurstof wordt afgegeven aan het hart. Hierdoor kan de hartspier niet meer goed functioneren. De patiënt merkt dit door pijn op de borst en soms met uitstraling naar de linkerarm, kaak, hals of rug.

Het Thoraxcentrum in Enschede helpt patiënten met hart- en vaatziekten. <u>Stichting Hartcentrum</u> <u>Twente</u> zorgt ervoor dat deze patiënten in het Thoraxcentrum geholpen kunnen worden met moderne levensreddende technieken en de beste kwaliteitszorg. Door de hulp van de stichting helpt het Thoraxcentrum ruim 7.000 patiënten per jaar.

Als u nu <u>Stichting Hartcentrum Twente</u> steunt, dan helpt u het hart van de mensen om u heen. Met een eenmalige donatie van tien euro helpt u al! Kunnen de harten van deze mensen op u rekenen?

4. Statistical message evidence with an individual frame Uw eigen hart helpen?

Gelukkig zijn hart- en vaatziekten niet langer meer de nummer 1 doodsoorzaak in Nederland. Toch blijft het iets om rekening mee te houden. Uit onderzoek blijkt dat 70% van de hartpatiënten problemen heeft met zijn of haar kransslagaders. De kransslagaders raken vernauwd waardoor er te weinig bloed en zuurstof wordt afgegeven aan het hart. Hierdoor kan de hartspier niet meer goed functioneren. De patiënt merkt dit door pijn op de borst en soms met uitstraling naar de linkerarm, kaak, hals of rug.

Het Thoraxcentrum in Enschede helpt patiënten met hart- en vaatziekten. <u>Stichting Hartcentrum</u> <u>Twente</u> zorgt ervoor dat deze patiënten in het Thoraxcentrum geholpen kunnen worden met moderne levensreddende technieken en de beste kwaliteitszorg. Door de hulp van de stichting helpt het Thoraxcentrum ruim 7.000 patiënten per jaar.

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5. Combination of both types of message evidences with a societal frame Harten helpen?

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is hartpatiënt. Bij hem wordt er wordt te weinig bloed afgegeven aan zijn hart omdat zijn kransslagaders vernauwd zijn. Hierdoor kon zijn hartspier niet meer goed functioneren. Peter kreeg pijn op zijn borst en hij had een uitstraling naar zijn linkerarm en kaak. Zijn geliefde sport, volleybal, kon hij op dat moment wel vaarwel zeggen.

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6. Combination of both types of message evidences with an individual frame Uw eigen hart helpen?

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