



Create Your Own Fundraiser – After Event Survey

PROJECT/EVENT NAME _____

PROJECT LEAD (PERSON COMPLETING FORM) _____

TYPE of Event Get Active Online Fundraiser Make a Sale

Company fundraiser Do your Own Thing

Other Project _____

PROJECT DATE/TIME FRAME _____ **TIME (IF APPLICABLE)** _____

LOCATION (IF APPLICABLE) _____

FINAL NUMBERS

GROSS REVENUE _____ **LESS EXPENSE** _____ **NET REVENUE** _____

TOTAL DONORS SOLICITED (INVITED) _____ **TOTAL # DONORS (ATTENDEES)** _____

IMPORTANT PROJECT DETAILS _____

THOUGHTS

WHY DID YOU CHOOSE RANKEN JORDAN TO SUPPORT?

FAVORITE PART OF THE EVENT

HOW CAN WE CONTINUE TO PARTNER IN THE FUTRE?
