

# Fundraiser Evaluation Form

Name of PTA Unit \_\_\_\_\_

Fundraising Officer/Chairman \_\_\_\_\_ Phone \_\_\_\_\_

Purpose/Objective of this fundraiser: \_\_\_\_\_

\_\_\_\_\_

Financial Goal \$ \_\_\_\_\_ Was financial goal met? Yes No

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Fundraising Company Used \_\_\_\_\_

Company Contact \_\_\_\_\_ Phone \_\_\_\_\_

Was this fundraising company helpful in assisting your PTA with its program? Yes No  
*Comments:*

Were the employees courteous and helpful? Yes No  
*Comments:*

Would you recommend this fundraiser? Yes No  
*Comments:*

Brief description of this fundraiser: \_\_\_\_\_

\_\_\_\_\_

What did you like best about this fundraiser?

What did you like least about this fundraiser?