

Fundraising and Awareness Initiatives Evaluation Form

1)	<u>STU</u>	DENT'S CONTACT INFORMATION	Please use the main contact	Please use the main contact for your group.	
	a)	Contact Name:			
	b)	Contact Phone Number:			
	c)	Contact Email:		<u></u>	
2)	<u>INIT</u>	TATIVE DETAILS			
	a)	Initiative Name:			
	b)	Date of Initiative:	Time of Initiative:		
	c)	Location:			
3)		OGRAM INFORMATION Was this initiative a requirement of yo	our program?	□NO	
	b)	Program Name:			
	c)	Coordinator's Name:			
4)	MA	<u>RKETING INFORMATION</u> How did you market your event?			
		Fleming Zone			
		Email campaign			
		□ Facebook			
		□ Newsletters			
		□ Twitter			
		□ Posters			
		□ Other:			

5) SPONSORSHIP INFORMATION

- a) Did you solicit donations of any kind from any donors, organizations or companies? **YES INO**
- b) Please list all donors, organizations or companies who were approached and note what kind of donation was given if any and the total value of all gifts (even if you were turned down): 6) FUNDRAISING INFORMATION a) Were any funds raised? □YES **NO** If yes, please list total amount raised: \$_____ b) Were there any expenses?
 UYES **NO** If yes, please list total amount spent: \$_____ c) Total proceeds for donation (raised funds – expenses): \$____ d) What organization(s) were the proceeds donated to? Name of Organization: _____ Organization's Mailing Address: _____ 7) EVALUTION a) What worked well for your initiative? b) What would you do differently next time?

Please submit your evaluation by email <u>no more than two weeks after</u> the initiative date to: <u>givingtofleming@flemingcollege.ca</u>

If you have any questions about completing this form, please contact the Advancement and Alumni Relations Department at 705-749-5509 or email us at <u>givingtofleming@flemingcollege.ca</u> for further information, thank you!