

Trinity Catholic PTO
FUNDRAISER FEEDBACK SURVEY

Fundraiser Name: _____

(please, only one Fundraiser per sheet)

What was RIGHT about this fundraiser?

What could we have done better?

Did you participate in this Fundraiser? Yes No

Did you work with us on this Fundraiser (planning, organizing, implementing)? Yes No

Would you be willing to work on it next year? Yes No

Would you like to be contacted about this survey response? Yes No

If yes, please provide your name _____ and a way for us to reach

you by Phone or email: _____

OPTIONAL:

Name: _____

Child(ren)'s Name(s): _____

Thank you for taking the time to help us improve the Trinity Catholic PTO!!!