

Trinity Catholic PTO  
FUNDRAISER FEEDBACK SURVEY

Fundraiser Name: \_\_\_\_\_

(please, only one Fundraiser per sheet)

What was RIGHT about this fundraiser?

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What could we have done better?

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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!!!