

Fundraising Summary Form

Students Involved:

1.	9.	17.
2.	10.	18.
3.	11.	19.
4.	12.	20.
5.	13.	21.
6.	14.	22.
7.	15.	23.
8.	16.	24.

Total Fundraised:

Total Expenses: (Place the minus symbol in this field before you enter your expense total)

Total Revenue:

Do you consider this fundraiser a success? Yes _____ No _____ If so why?

Lessons learned for future fundraisers: