

FUNDRAISER WRAP-UP FORM



Fundraiser Name: _____ Date Held: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

Email: _____

TOTAL RAISED: \$ _____

Please list all the ways your fundraiser earned money, specifying the amount received through each avenue separately (example: 50 guests at \$10 per ticket= \$500 + \$100 from raffle, etc.):

Did you receive support from the Make-A-Wish® staff? Y N

Was there anything that they could have done differently (or more of) to ensure your success?

Would you like to host this event again next year? Y N

If no, why not? _____

Will you be the contact for next year's event? Y N

If no, please provide the appropriate contact person's name, email and phone number:

Contact Person: _____ Phone: _____

Contact Email: _____

Within 30 days of your fundraiser, please mail this sheet and the funds to:

Make-A-Wish® Southern Nevada

9950 Covington Cross Drive

Las Vegas, NV 89144



Please do not mail cash; drop off at the Make-A-Wish office.