



ANNAPOLIS AREA
CHRISTIAN SCHOOL

FUNDRAISER EVALUATION FORM

Staff/Parent Volunteer Contact Name _____

Contact Phone # _____

Contact Email _____

Department or Interest Group _____

Fundraiser Name _____

Fundraiser Date _____

Fundraiser Goal _____

Amount Raised _____

What worked well? _____

What would you do differently? _____

Would you like to hold this fundraiser again? _____

Why or Why Not? _____

Please submit this form to Ashlee Kastendike in the Development Office
no later than 30 days after your fundraiser.

akastendike@aacsonline.org * 410.551.0907 FAX
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