



Turner  
Syndrome  
Society  
of the United States

## Fundraiser Summary Form

Event Date: \_\_\_\_\_

Resource Group: \_\_\_\_\_

Host/Coordinator Name(s): \_\_\_\_\_

Host/Coordinator E-mail: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (Mobile): \_\_\_\_\_

Event Attendance (if applicable): \_\_\_\_\_

Total \$ Expenses: \_\_\_\_\_ Total \$ Amount Raised: \_\_\_\_\_

What made you feel your event was successful?

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Would you offer the same type of event again? What would you do differently?

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Office Use Only: Received \_\_\_\_\_ Reviewed by \_\_\_\_\_ Status \_\_\_\_\_

Supplies Received \_\_\_\_\_ Total Received \_\_\_\_\_

Comments \_\_\_\_\_

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