Post-Event Report

Reflect on the success of your event and submit your answers to health.foundation@ahs.ca.

Name of Group

Date:

Name of Event

# of Participants:

REVENUE

Ticket Sale $

Sponsorship $

Raffle $

Auction $

Direct Donation $
(to MH&DHF)

Other $

EXPENSES

Advertising $

Food/Beverage $

Entertainment $

Award/Prize $

Venue $

Security $

Other $

Other beneficiaries besides the Health Foundation:

Percentage of Net Proceeds to benefit Health Foundation: %

Final proceeds to Health Foundation:

Please list the names of all companies who sponsored your fundraiser:

MEDICINE HAT HEALTH FOUNDATION FEEDBACK:

1. Was the application/approval process for your event easy to understand? O YES O NO

   If no, please explain why:

2. Do you feel (Medicine Hat & District Health Foundation) assisted you with all of the questions you may have had? O YES O NO

   If no, please explain why:

3. Did your event meet your expectations?
   O YES O NO

   If no, please explain why:

4. Were there any media broadcasts or articles about your event? If so, where was your event mentioned? If possible, include a copy. We would love to see it! O YES O NO

5. Do you plan to organize this event again?
   O YES O NO

   If no, please explain why:

Please submit the post-event report electronically, or provide a physical copy. Thank you!

Medicine Hat & District Health Foundation
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Visit myhealthfoundation.ca for more information.

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