



AVEDA
FREDRIC'S INSTITUTE

Donation Survey

In an effort to maintain our ability to contribute to furthering the efforts of organizations like yours, we request that you provide us feedback from our donation. Upon completion of your event, please fill in the form below and mail back to:

Aveda Fredric's Institute
6020 E. 82nd Street
Castleton Square Mall
Indianapolis, IN 45250

Organizations Name: _____

Event Name: _____

Contact Person's Name: _____

Phone Number: _____

Fax Number: _____

E-mail: _____

How was the donation utilized? _____

Did you meet your goal? _____

Who was your audience? _____

How much was raised by this donation? _____

How were funds raised? _____

Who will be helped by the funds that you have raised? _____

Have you held this event in the past? And will you hold it again? _____

How did you advertise the event? _____

Was the Aveda Fredric's Institute listed in a program or in advertising? If yes, please provide a copy of the program, ad or other printed material. _____