

**ANKENY CHRISTIAN ACADEMY  
FUNDRAISING RECAP FORM**

**PLEASE FILL OUT A SEPARATE FORM FOR EACH COMPLETED FUNDRAISING**

Your School Organization: \_\_\_\_\_

Contact Person/Phone Number: \_\_\_\_\_

Actual Beginning and Ending Fundraiser Dates: \_\_\_\_\_

Description of Fundraiser (please be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of Volunteers used: w/major responsibility \_\_\_\_\_ w/minor responsibility \_\_\_\_\_

Business Organization/Company Involved: \_\_\_\_\_

Business Contact Name & Phone Number: \_\_\_\_\_

Projected Net Income: \_\_\_\_\_

Projected Profit Margin: \_\_\_\_\_

Actual Gross Income Earned (before expenses): \_\_\_\_\_

Actual Expenses: \_\_\_\_\_

Actual Net Income (actual income less all expenses): \_\_\_\_\_

Actual Profit Margin: \_\_\_\_\_ (Remember 40% is the goal)

(Net income divided by gross income. For example: if your net income on an item is \$2, and you sold it for \$5, the profit margin is 40% (\$2 is divided by \$5)

Other Pertinent financial Information: \_\_\_\_\_

\_\_\_\_\_

Your comments and evaluation of the fundraiser: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your Name: \_\_\_\_\_

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

**Please return this form to the Development Director upon completion of the fundraiser.**