



National Walk-a-thon Project Summary Sheet 2009

Directions: Please fill out and send in with your donations in the envelope provided

School or Organization Name _____	Date of Walk-a-thon _____		
First Name _____	Last Name _____	City _____	State _____

Total Amount of Cash Collected _____
Total Amount of Checks Collected _____
Total Amount Collected from Walk-a-thon _____

Checks should be made payable to: "Alex's Lemonade Stand Foundation" Please send in a check or money order totaling the cash along with any checks contributed to your walk-a-thon within **two weeks** following your event. The sooner we receive the proceeds the quicker we can send thank you notes and receipts to all donors.

- 🍋 Please describe your experience as an Alex's Lemonade Stand Foundation walk-a-thon organizer. Please circle yes or no if we may use your comments below in any of our publications to share with others.

- 🍋 Additional comments or suggestions for our staff: Did you work with any particular staff member? If so, what *specifically* was helpful in your efforts?

- 🍋 What recommendations do you have for us to help make fundraising easier and more effective? Are there any additional materials you would like to see available on our web site?

- 🍋 Would you like to see anything added to the pack of materials you received from us?

- 🍋 Estimated number of walkers: _____
- 🍋 Number of Adult Volunteers: _____
- 🍋 Number of Youth volunteers: _____

🍋 Did you receive media coverage for your walk-a-thon: No Yes

If yes, circle what type of media coverage you had:

Newspaper article magazine article radio television

🍋 Would you consider continuing to support Alex's Lemonade Stand Foundation by hosting another walk-a-thon, a lemonade stand or other event? Yes No

🍋 Thank you for taking the time to send in your comments and suggestions! If you have anything additional to share with us, please use the space below.

Alex's Lemonade Stand Foundation
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FIGHTING CHILDHOOD CANCER ONE CUP AT A TIME