

COMMUNITY APPEALS CAPITAL CAMPAIGN FEEDBACK

If you are downloading this feedback form, please be sure to save it to your desktop first, reopen it and then fill out the fields. If you don't save it to your desktop, your responses won't be saved on the screen.

Name of organization:	
Start/End of campaign:	
Name/Theme of campaign:	
What were the greatest challenges your campaign faced?	
What would you do differently if you were to conduct your ca	mpaign again?
How was the Chamber approval/scheduling process valuable	to you?
Is there something more you would have liked the Chamber to	o do to assist with your campaign? If so, what?
What advice would you give to an organization just beginning	g a campaign?
what davice would you give to an organization just beginning	S a campaign.
Signed by	Date