



**Salmon Arm Savings and Credit Union**  
**370 Lakeshore Drive**  
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**Telephone 250.833.1313 Fax 250.832.2900**  
**[www.sascu.com](http://www.sascu.com)**

**Project Evaluation Form**

**SECTION #1: ORGANIZATION OVERVIEW**

Name of Organization \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

**Section # 2: Project Evaluation**

Project Date \_\_\_\_\_

Project Name \_\_\_\_\_

How many people attended? \_\_\_\_\_

Rate the Success of your event 1 2 3 4 5 (low to high)

Amount Raised at the Event \_\_\_\_\_ (if applicable)

What was SASCU sponsorship used for?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How was SASCU recognized? (please attach samples)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send this Project Evaluation Form via [email](#) or drop off at any of our 3 [branches](#) Attention: Marketing Department

