



Free Speech TV

Please return this form with
donations to:
Free Speech TV, PO Box 6060
Boulder, CO 80306

WRAP-UP FORM

PARTY'S NAME: _____

DATE: _____

NUMBER OF GUESTS WHO ATTENDED: _____

ORIGINAL FUNDRAISING GOAL: \$ _____

TOTAL CONTRIBUTIONS: \$ _____

PASSED OUT ALL MATERIALS? Y / N

DID YOU SHOW THE PROMO DVD? Y / N

DID YOU WATCH AN FSTV SHOW ON TV? Y / N

DID YOU SHOW A FSTV PROGRAM DVD? Y / N

ARE YOU INTERESTED IN HOSTING FUTURE PARTIES? Y / N

COMMENTS / STORIES / SUGGESTIONS:

(Please continue on back)

HOST'S NAME: _____

ADDRESS: _____

CITY, ST ZIP: _____

PHONE: _____

E-MAIL: _____