

MAHMUD ALI KASURI WELFARE TRUST

HEAD OFFICE

10-11 GURUMANGAT ROAD, GULBERG-III, LAHORE

PROJECT FEEDBACK FORM

Name: _____ Date: _____

Address: - _____, Contact # _____

Email address: - _____, Project Name _____

Dear beneficiaries, please give us feedback about our program.

1- How is Our Welfare Program?

Excellent Good Fair Poor

2- How is our staff's behavior?

Excellent Good Fair Poor

3- How is our equipment?

Excellent Good Fair Poor

4- Are you satisfied with the welfare activities?

5- Excellent Good Fair Poor

6- Comments and suggestions: _____
