

PHILANTHROPY/COMMUNITY SERVICE PROGRAM REPORT

Complete this form within 7 days after event.

The Fraternity/Sorority Philanthropy/Community Service Chair must accurately enter information.

Sorority/Fraternity: _____ Event Name: _____ Date of Event(s): _____

Event Coordinator: _____ Phone: _____ Email: _____

Type of Event:

- Philanthropy (Fundraising) *Document the **planning** hours only*
 Community Service (Direct) *Document service hours*
 Indirect Service (canned food drives, etc.) *Document service hours*

General Information:

Benefiting Organization(s): _____ Contact Person: _____

Purpose: _____ Event Sponsor(s): _____

Number of Participants: _____

Staffing/Volunteers: Number of participating members multiplied by the number of hours each member worked.

Example: 50 Members x 3 Hours Each = 150 Hours

30 Members x 2 Hours Each = 60 Hours

TOTAL = 210 Hours

_____ Members x _____ Hours Each = _____ Hours

_____ Members x _____ Hours Each = _____ Hours

_____ Members x _____ Hours Each = _____ Hours

TOTAL = _____ HOURS

Cost to Host Event (i.e.: facilities, advertising, equipment, etc.)

TOTAL COST: \$ _____

Amount of Money Raised:

TOTAL AMOUNT DONATED: \$ _____

YEAR TO DATE AMOUNT DONATED: \$ _____

Pros and Cons of Event: _____

How did you advertise for this event: _____

***** Please provide advertising material used to promote the event *****

Verification: Please attach verification of hours and money donated. A letter from the benefiting organization will suffice.

Signature of Philanthropy/Community Service Chair _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Received on (date) _____ by _____

Authorized Signature: _____ Date: _____

1st copy--Fraternity/Sorority President 2nd copy-Philanthropy Chair 3rd copy-Chapter Advisor