

Fraternity & Sorority Community Service Event Form

This sheet is to be submitted with your monthly report. Please use one sheet per event.

ORGANIZATION: _____

DATE OF EVENT: _____

LOCATION OF EVENT: _____

DESCRIPTION OF EVENT:

IS THIS EVENT FOR YOUR NATIONAL PHILANTHROPY? Y / N

IF YES, WHAT IS YOUR NATIONAL PHILANTHROPY?

DID YOUR CHAPTER RAISE ANY MONEY AT THIS EVENT? Y / N

IF YES, HOW MUCH DID YOU RAISE? _____

A letter from the recipient agency must be attached in order for money raised to be created to chapter.

NAME & NUMBER OF PERSON FILLING OUT FORM:

NAMES OF MEMBERS PARTICIPATING AND # OF HOURS PARTICIPATED:
(Please attach additional sheets if necessary.)

WAS THIS A MANDATORY EVENT FOR YOUR CHAPTER? Y / N