COMMUNITY SERVICE/ PHILANTHROPY FORM



Fraternity/Sorority	Date(s) of Event
Location of Event	Co-Sponsoring Organization (if applicable)
Benefiting Organization(s)	Contact Person
Title/Short Description of Event	
Type:Community Service (F Philanthropy (Fundrais Indirect Service/Suppo Days, Delta Gamma Anchor S	sing) Ort (food drives, participation in others tournaments, contests, etc – Ex. Derby
Staffing:	
The number of members participating	ng by the number of hours each member worked.
Example: 40 active members	s x 2 hours each = 80 hours
10 new members	<pre> c 2 hours each = 20 hours </pre>
Total Staffing	= 100 hours
Active Members x Hours	Each =Total Active Hours
New Members x Hours	Each =Total New Member Hours
	Total Staffing
Money Raised: (Philanthropy)	
Total Amount of Mone	ey Raised \$
Total Amount of Expe	nses \$
Total Amount of Mone	ey Donated \$
Verification: If possible, attach verification of hours an Example: ~Letter from organizat ~Copy of returned che	ion thanking you for time and/or money.
Signature of Chapter Representative	e Date