



Community Service & Philanthropy Reporting Form

Name of Chapter: _____

Date(s) of Event: _____

Name of Event: _____

Location: _____

Benefiting Organization(s): _____

Benefiting Organization Contact Person: _____

Phone: _____

Event Description: _____

Event: _____ Community Service (Hands-On)

_____ Philanthropy (Fundraising) **Money raised:** _____

_____ Indirect Service/Support (Food Drives, Tournaments, etc.)

Staffing: The number of members participating by the number of hours each member worked. (Example: 55 Members X 2 Hours each = 110 hours)

_____ Members X _____ Hours Each = _____ Hours

_____ Members X _____ Hours Each = _____ Hours

_____ Members X _____ Hours Each = _____ Hours

TOTAL _____ Hours

Verification: Attach verification of hours and money donated. A letter from the benefiting organizations will suffice.

Signature of Chapter Representative

Date

Forms are to be turned in within 10 working days after the completion of the event.