Chapter Name:_________________________ Date(s) of Event: __________________________

Name of Event:_________________________ Location: _________________________________

Benefiting Organization(s): ____________________________________________________________

Benefiting Organization Contact Person: _______________________________________________

Event Description: __________________________________________________________________

__________________________________________________________________________________

Type of Event:          ________Community Service (Hands On)  ________Philanthropy (Fundraising)  ________Indirect Service/Support (Participation in other groups philanthropies, food drives, blood drives, etc.)

Volunteers: The number of members (from your chapter) participating by the number of hours each member worked. FOR MULTIPLE MEMBERS PLEASE ATTACH NAMES TO FORM

EXAMPLE:  15 Members x 2 Hours Each = 30 Hours
Total Volunteers = 93 Hours

_____ Members x _____ Hours each = _____ Hours

_____ Members x _____ Hours each = _____ Hours

Total ______ = Hours

Money Raised: (Philanthropy)

Total Amount of Money Donated: $________________________

(Please only include money that your chapter raised and is donating directly to a charitable organization. Thus, any money donated to another chapter’s philanthropy should not be involved on this report, so as to not doubt count money raised/donated).

Verification: My signature verifies that the above information is true and accurate.

Signature of Chapter Representative  Email  Date

Signature of Chapter Advisor  Email  Date

PLEASE SUBMIT COMPLETED FORMS TO:
OFFICE OF STUDENT PROGRAMS AND LEADERSHIP DEVELOPMENT
3rd FLOOR WERTZ STUDENT CENTER