

# 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: \_\_\_\_\_

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