

Philanthropic Service Form

Due after every completed service project

Name of Organization: _____

Date of Service Project: _____ Place of Event: _____

Project Title: _____

Project Description: _____

Group or Person Benefited: _____

Amount of Money Raised/Donated: _____

OR

Amount of Service Hours Performed: _____

Percentage of Membership Participation: _____

Make additional copies as needed.

**Return completed form to Council Service Chair – Mailboxes
in Greek Life Office / Sbis Student Life Offices**