National Pan-Hellenic Council

Texas A&M University

Community Service Event Form

**Name of Organization:**

**Event Name/Title:**

**Date of Philanthropy Event:**

**Start Time:**  **End Time:**

**Benefiting Organization:**

**Site Supervisor (Name & Title):**

**Site Supervisor Phone Number:**

**Site Supervisor Email Address:**

**Program Participants:**

Members Only

Off-Campus Community

NPHC Members

Campus-wide

**Total Service Hours:       (# of attendees) X       (# of hours) =       (total hours)**

**Event Description (please describe what service(s) were provided and the impact it had on the beneficiary):**

**Program Documentation Includes (check all that apply):**

Flyer  Attendance List  Photos (must be high resolution)  Verification Letter

Other:

**Submitted by (Name & Title):** **Date:**

**Please return this completed form and supporting documentation to** [**tamu.nphc9@gmail.com**](mailto:tamu.nphc9@gmail.com)**.**