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****.**