



Community Service & Philanthropy Form

Organization: _____ Date(s): _____

Location of Event: _____ Co-sponsor (if applicable): _____

Benefiting Organization(s): _____

Contact Person: _____

Title/Short Description of Event: _____

Hours Served:

_____ Active Members	x _____ hours each	= _____ hours
_____ New Members	x _____ hours each	= _____ hours
Total Hours		= _____ Hours

Money Raised: Total Amount of Money Raised: \$ _____
Total Amount of Expenses: \$ _____
Total Amount of Money Donated: \$ _____

Other Goods/Services Donated (ex: Canned Goods, Clothing, etc.): _____

Verification: Attach verification of hours and money donated.
Example: Letter from organization thanking you for time and/or money.
Copy of returned check.

Printed name of organization representative

Signature of organization representative

Date