

Interfraternity and Collegiate Panhellenic Council Philanthropy and Community Service Summary Form

Chapter Name: _____
Chapter President: _____
Chapter Philanthropy Chair(s): _____

Name of event: _____

Charity or organization who is benefiting: _____

Date(s), Time, and Place of event: _____

Please complete the section that applies to your event

Community Service Project

Number of chapter participants: _____
Number of work hours involved (3 hrs. x 40 members=120hrs): _____
Description of Work performed: _____
Project coordinated with (e.g. Chapter Project, Homecoming, etc.) _____

Philanthropy

Number of chapter participants: _____
Number of participants in attendance: _____
Total raised/collected: _____
Sponsors (including donations): _____
Project coordinated with (e.g. Chapter Project, Homecoming, etc.) _____

Documentation of event: provide copies of materials used to promote/record the project including, but not limited to: advertisements, agendas from meetings, photos from the event, etc.

Please have your chapter president and philanthropy chair read and sign this form.

I have read the above and believe all information is accurate to the best of my knowledge. As a chapter officer, I am aware that this information may be used as an official record for applicable awards.

Chapter President Date

Philanthropy Chair Date

Email address

Email address

Please turn these forms into the Interfraternity/Panhellenic Council Office located in B-4 in the Memorial Union.