Community Service & Philanthropy Form

Organization: ________________________________ Date(s): __________________________

Co-sponsor (if applicable): __________________ Location of Event: _______________________

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