

**Office of Fraternity & Sorority Life
Service & Philanthropy Reporting Form**

CHAPTER

NAME

POSITION

E-MAIL **Phone**

I AGREE, THAT ALL INFORMATION ON THIS FORM IS TRUTHFUL & ACCURATE

Signature

Service & Philanthropy Information

NAME OF PROGRAM

DATE OF PROGRAM

TYPE OF PROGRAM (CIRCLE ONE)

“Hands-On” Service Project

Philanthropy

BRIEF DESCRIPTION OF THE PROGRAM

“Hands-On” Service Project	Philanthropy
Members in Attendance <input style="width: 150px; height: 25px;" type="text"/>	Money Raised <input style="width: 150px; height: 25px;" type="text"/>
Hours Volunteered <input style="width: 150px; height: 25px;" type="text"/>	Members in Attendance <input style="width: 150px; height: 25px;" type="text"/>
Total Hours (Members X Hours) <input style="width: 150px; height: 25px;" type="text"/>	Note: Two or more chapter members must be in attendance

Agency Information

NAME OF AGENCY

CONTACT PERSON

SIGNATURE/AGENCY STAMP

**These forms must be completed within 5 days of the program listed.
No forms will be accepted without agency signature.
Please turn these forms into the FAU Office of Fraternity & Sorority Life**