



**Fraternity/Sorority Philanthropy Report Form**

**This form should be submitted to Student Involvement in Moseley 207 as soon as possible after the completion of your event/fundraiser**

**READ CAREFULLY: Philanthropy** is defined as a chapter organizing and participating in an activity, which raises money or items for a charity or cause (i.e. car wash, party or sports event in which profits go to a charitable organization, canned food drive, etc.). **Community Service** is defined as a hands-on activity in which a chapter has direct interaction with the people or cause they are helping (organizing items at a food bank, playing with children at an after school program, etc.). Both are valuable contributions to the community, but will require separate forms. Simply put:

**Philanthropy is donating money/items; Community Service is donating time.**

All philanthropy dollars raised must be properly validated through the University. Any funds that are not validated through this form will not be included on semester reports or considered for any end-of-year Philanthropy Awards. Any forms completed after the last day of spring semester classes will not be counted toward the yearly total.

You **only need to submit the number** of participants, or donors (no names needed for philanthropy), as well as other verification such as a copy of your canceled check, receipt, and/or email from the agency you worked with as verification.

In addition to this form, you can also complete the **Group Community Service form** for members who donated time to coordinate and organize the event. Volunteers who participate during the event will not receive service hours.

**Organization:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_  
**Chapter Contact Person:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Date of Project:** \_\_\_\_\_ **Semester:** \_\_\_\_\_ **Year:** \_\_\_\_\_  
**Description of activity:** \_\_\_\_\_

**What were the goals of this program?** (Example: funds or goods raised on a per member basis)  
\_\_\_\_\_

**How effectively did this program meet these goals?** \_\_\_\_\_

**What could have been better about this program?** \_\_\_\_\_  
\_\_\_\_\_

**Name of Agency/Charity:** \_\_\_\_\_  
**Agency/Charity Contact Person:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_

\*Email confirmation from agency can serve as confirmation in place of signature

**Number of initiated participants:** \_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_ %  
**Number of new member participants:** \_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_ %

---

**Complete for fund raising (philanthropy) efforts only:**

Total gross proceeds of event: \_\_\_\_\_  
Total expenses of event: \_\_\_\_\_  
Total monetary donation to charity: \_\_\_\_\_  
Total items donated to charity: \_\_\_\_\_

---

Date Received by SI: \_\_\_\_\_ Verified by: \_\_\_\_\_