

Service/Philanthropy Verification Form

Fraternity/Sorority: _____

Organization/Agency Served: _____

Date of Service/Donation: _____

Amount of Money Donated: _____

Briefly describe type of service provided:

List the name and number of hours each member contributed for this service/philanthropy event. (Use of the back of this form if you need more space).

Name	# of Hours	Name	# of Hours
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	

Total number of hours _____

Signature of Service Chairperson

Signature of Agency Representative