Philanthropy Program Form

Chapter: __________________ Issue Addressed: ___________ Date of Program: __________

Name of Philanthropy Project: ______________________________________________________

Name of Philanthropic Agency: ____________________________________________________

Amount ($ and/or Resources) Raised: ______________________________________________

Amount ($ and/or Resources) Donated: ____________________________________________

Number of Chapter Members at Event: ___________ Percentage of Chapter: __________%

# of New Members/Neophytes: ___________  # of Active Members: _________________

Was this event open to the public? (circle one)  YES     or       NO

Please describe the event activities and how the attendees benefited from the overall program.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Please attach a letter from the Philanthropic Agency Coordinator verifying the following aspects:
• Name of Agency
• Date of Event
• Amount of money or resources donated
• Name and signature of site supervisor

Chapter Advisor ______________________________________________________________
   (Name)    (Signature)                                      (Date)

Chapter President ______________________________________________________________
   (Name)    (Signature)                                      (Date)

Philanthropy Chair ______________________________________________________________
   (Name)    (Signature)                                      (Date)