**GENERAL INFORMATION**
Name of Fraternity or Sorority (do not use Greek letters): _________________________________________________

Name of Event: ___________________________________________ Date of Event: _________________

Type of Event: □ Service (hands on) □ Philanthropy (fundraising/donation)

Benefiting Organization: _______________________________________________________________

Contact Person from Benefiting Organization: ________________________________________________

Contact e-mail and/or phone number: __________________________________________________________________

If this event is part of another UF organization’s philanthropic program please list that organization’s name here:
___________________________________________________________________________________________________

**BRIEFLY DESCRIBE SERVICE PROJECT OR PHILANTHROPY PROJECT**

**SERVICE**
Start time of project: _____________________________   End time of project: _____________________________

Number of participants at start: ___________________   Number of participants at end: ___________________

Comments on service provided: _______________________________________________________________________
___________________________________________________________________________________________________

**PHILANTHROPY**
Total dollars received: ___________________________   Total goods received: ___________________________

Comments on philanthropy provided: __________________________________________________________________
___________________________________________________________________________________________________

*I certify that the fraternity or sorority indicated above provided the service, dollars, or goods as indicated above.*

___________________________________________________________________________________________________
Signature of benefiting agency representative   date