Greek Philanthropy Report Form

Chapter: ___________________________________________  Today’s date: __________________

Chapter Contact Person: _______________________________  Contact Phone: __________________

PLEASE NOTE: ALL FORMS MUST BE SUBMITTED WITHIN TWO WEEKS OF YOUR EVENT.

BEFORE YOU BEGIN: Do not submit this form if the verification of donation is not attached. For philanthropic donations, you must submit a copy of the check you sent to the charity organization, or a letter you received from that organization verifying your donation. For non-monetary donations please attach a receipt detailing the donation.

**Philanthropy**

Date of event: _________________________________

Date of donation: _________________________________

Name of event: _____________________________________________

Agency/charity receiving donation(s):_______________________________

Agency contact name: _____________________________  Agency phone: __________________

**Monetary donations: (For paired events, each chapter must submit separate form)**

Total amount of money raised: (For paired event, include all money raised) = $_______________

Total amount of money YOUR chapter donated to agency/charity: = $_______________

**Non-monetary donations (i.e. canned food, clothing, hygiene products)**

Type of items/goods donated: _________________________________

Number/pounds of items/goods donated: _______________.

**Use the back of this sheet to show exact amount and types of items for proper conversion purposes.**

Any questions or concerns please contact your council’s Community Outreach or Philanthropy representative