## **Greek Philanthropy Report Form**

Chapter: T	oday's date:
Chapter Contact Person: C	Contact Phone:
<b>PLEASE NOTE</b> : ALL FORMS <b>MUST</b> BE TURNED IN WITHIN TWO WEEKS AFTER THE EVENT.	
BEFORE YOU BEGIN: 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. <b>Do not submit this form if the verification is not attached.</b>	
Philanthropy	
Date of event:	
Date of donation	::
Name of event:Agency/charity receiving donation(s):	
Agency contact name:	Agency phone:
Monetary donations: Total amount of money raised: (For paired event, include all money raised) Total amount of money YOUR chapter donated to agency/charity:  (For paired events, each chapter must submit separate form)	
Non-monetary donations (i.e. canned food, clothing, hygiene produc	ts)
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:

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