



COMMUNITY SERVICE/PHILANTHROPY REPORT

Group: _____

Person Reporting _____ **Title:** _____

Local Address: _____ **Local**
Phone#: _____

This community service/philanthropy:
_____ is planned for (date) _____.
_____ has been completed.

This activity is/was:
_____ community service
_____ philanthropy (fund-raiser for charity)

AGENCY/GROUP ASSISTED: _____

Name of _____ **Local**
Contact Person: _____ **Phone#:** _____

Dates(s) of
Activity: _____

Total hours completed: _____ **Number of Members participated** _____

Location(s): _____

Description of
Activity: _____

Return this form to the Office of Student Involvement & Leadership, CC 130. We will be happy to make a photocopy for you to keep.