



PHILANTHROPY PROJECT REGISTRATION

Complete This Form in Its Entirety – Print All Information

ORGANIZATION INFORMATION:

Name of Fraternity or Sorority: _____

Name of Philanthropy Project: _____ Date: _____

Number of Members Participating In Project: _____ Total Money Raised: _____

Briefly Describe Philanthropy Project: _____

Print Name of Philanthropy Chair

Signature of Philanthropy Chair

AGENCY INFORMATION:

Name of Agency or Organization: _____

Name of Agency Contact: _____ Phone: _____

DO NOT WRITE BELOW THIS LINE: THE AGENCY SHOULD COMPLETE THIS SECTION

AGENCY CERTIFICATION OF PHILANTHROPY PROJECT

Date of Project: _____ Total Contribution: _____

I certify that the fraternity or sorority indicated above has provided my agency the funds indicated above.

Signature of Agency Contact

Date

FORM IS DUE BY THE END OF THE SEMESTER IN WHICH THE PROJECT WAS COMPLETED

Date Form Received: _____ By: _____