# Greek System
# Community Service/Philanthropy Tracking Form

*To be completed for any service or philanthropic event*

**Return the completed form to: Greek Council Office, SU 154, (407) 823-2072**

Sponsoring Organization(s): _____

Date: _____

Title of Event: _____

Location: _____

Benefactor(s): _____

Total Hours Donated (ex: 12 members work for 2 hours = 24 hours): _____

Average Hours per Member (total hours / number of members worked): _____

Total Amount Raised: _____

Total Amount of Goods Donated: _____

Briefly Describe the Event: _____

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