UF UNIVERSITY of FLORIDA
Sorority and Fraternity Affairs

Community Service and Philanthropy Verification Form

Please print clearly

GENERAL INFORMATION

Name of Fraternity or Sorority (*do not use Greek letters*): _____

Name of Event: _____ Date of Event: _____

Type of Event: ☐ Service (hands on) ☐ Philanthropy (fundraising/donation)

Benefiting Organization: _____

Contact Person from Benefiting Organization: _____

Contact e-mail and/or phone number: _____

If this event is part of another UF organization's philanthropic program please list that organization's name here:

_____

BRIEFLY DESCRIBE SERVICE PROJECT OR PHILANTHROPY PROJECT

VERIFICATION *to be completed by benefiting organization*

SERVICE

Start time of project: _____ End time of project: _____

Total Number of participants (new/active or neophytes/prophytes): _____

Comments on service provided: _____

_____

PHILANTHROPY

Total dollars received: _____ Total goods received: _____

Total Number of participants (new/active or neophytes/prophytes): _____

Comments on philanthropy provided: _____

_____

I certify that the fraternity or sorority indicated above provided the service, dollars, or goods as indicated above.

_____ _____

Signature of benefiting agency representative date

Updated September 2020