

SYRACUSE UNIVERSITY

OFFICE OF FRATERNITY AND SORORITY AFFAIRS

PHILANTHROPY PROJECT REGISTRATION

Complete This Form in Its Entirety – {Print All Information}

Organization Information:

Name of Fraternity or Sorority (No Greek Letters): _____

Name of Philanthropy Project: _____ Date: _____

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

Total Number of Hours for Project (Members Times Number of Hours): _____

Briefly Describe Community Service Project:

Name of Philanthropy Chair

Signature of Philanthropy Chair

Agency Information:

Name of Agency or Organization: _____

Name of Agency Contact: _____ Telephone: _____

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 completed the community service project identified on this form, and that all information provided is accurate

Signature of Agency Contact

Date

FORM IS DUE BY THE END OF THE SEMESTER WHEN THE PROJECT HAS BEEN COMPLETED

Date Form Received: _____ By: _____