2019 Greek Philanthropy Dollar Reporting Form

*This form must be submitted within two weeks of your event.

**Attach verification of donation to this form.** For monetary donations, attach a copy of the check or a letter of confirmation from the agency receiving the donation. For non-monetary donations, attach a receipt of items donated.

Chapter: ___________________________ Today’s Date: ___________
Chapter Contact Person: ______________ Contact Phone Number: ______________

Name of Event: __________________________________________________________
Date of Event: ______________
Agency/Charity Receiving Donation(s): _______________________________________
Agency Contact Name: ___________________ Agency Phone Number: ______________

**Monetary Donations** *(for paired events, each chapter must submit a separate form)*

Total Amount Raised: ___________ Date of Donation: ______________
Total Amount YOUR Chapter Donated: ______________

**Non-Monetary Donations** *(i.e. canned food, clothing, hygiene products)*

Type of Items/Goods Donated: ___________ Date of Donation: ______________
Number/Pounds of Items/Goods Donated: ______________

Questions or concerns, please contact:

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