



University of Lynchburg

Fraternity and Sorority Life

PHILANTHROPY PROJECT REGISTRATION

COMPLETE THIS FORM IN FULL

Organization Information:

Name of Fraternity or Sorority: _____

Name of Philanthropy Project: _____ Date: _____

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

Total Number of Hours for Project (Members with Hours Totaled): _____

Briefly Describe Philanthropy Project:

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: FOR AGENCY ONLY
AGENCY CERTIFICATION OF PHILANTHROPY PROJECT**

Date of Project: _____ **Total Contribution:** _____

I hereby acknowledge that the indicated fraternity or sorority has completed the specified hours at this agency for their philanthropy. Additionally, I validate the information provided in the document is accurate.

Signature of Agency Contact

Date