

**MSU GREEK COMMUNITY  
Philanthropy/Community Service  
Planning FORM  
Minnesota State University, Mankato**

**Student Activities Office \* Centennial Student Union 173 \* 507-389-6076**

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**SECTION A**

Chapter(s):

General Information:

Date:

Title of Event/Theme: \_\_\_\_\_

Philanthropy Event:

Community Service Event:

Please explain a brief description of the event:

Other (explain in detail): \_\_\_\_\_

**SECTION B**

Start Time:

Approximate End Time:

Date:

Number of people attending:

Place:

Organization/Agency Assisted:

Contact Information of Organization/Agency Assisted:

**SECTION C:**

How does this event promote the mission and purpose of your organization?

Please list any sponsors that may be involved with your event and what services they are providing

**SECTION D:**

The above listed social function will be in compliance with all council, University, Federal, State, and Local Guidelines. It will also be in compliance with the above named organization's Risk Management Policy.

Organization President: \_\_\_\_\_

Organization Philanthropy or Community Service Chairperson: \_\_\_\_\_