Community Service Report Form

Organization Name: _____ **Cell Phone Number:** _____

Contact Person: _____ **E-mail Address:** _____

Date Form Submitted: _____

Project Start Date	Project End Date	# of Participating Members	# Hours each person participated (average)	Total Hours (# Participants x # Hours each)	Who Benefited? (Organization Name)	Amount Money Raised	Amount / Type Items Collected
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