

The Phi Kappa Tau Fraternity

Theta Chapter

OFFICIAL PHILANTHROPY SERVICE HOUR COMPLETION FORM

“I certify that _____ completed _____ hour (s) of acceptable philanthropic service in a manner that is becoming of a representative of the Phi Kappa Tau Fraternity.”

Service Project: _____

Location: _____

Date: _____

Signed By: _____

Date: ____/____/____

Contact Info: _____

FOR CHAPTER USE ONLY:

Approved by: _____

Date: ____/____/____