

## Chapter Service Plans

Name of Greek Organization: \_\_\_\_\_

Person completing this form: \_\_\_\_\_

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Adviser's Signature

\_\_\_\_\_  
Alumni's Signature

Below please list the service projects you plan to do this coming year.

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**Service Project:** \_\_\_\_\_

Date of Service ( anticipated): \_\_\_\_\_

Who will do the service? \_\_\_\_\_

Agency you will work with \_\_\_\_\_

Co-sponsorship? If yes note organization: \_\_\_\_\_

Other information \_\_\_\_\_

\_\_\_\_\_

**Service Project:** \_\_\_\_\_

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Other information \_\_\_\_\_

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Other information \_\_\_\_\_

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Other information \_\_\_\_\_