

**Organization Competition**  
**Philanthropy**

For Office Use Only:

Date Turned In: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# of Points: \_\_\_\_\_

Size Category: \_\_\_\_\_

*Name of Organization:* \_\_\_\_\_

**Advisor's Name:** \_\_\_\_\_ **Advisor's Signature:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Advisor's E-mail:** \_\_\_\_\_

**Name of Non-Profit Organization:** \_\_\_\_\_

**Number of Hours:** \_\_\_\_\_

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*To be Filled out by Non-Profit Organization*

[A letter from the non-profit organization may be submitted as well.]

**Total Number of Hours Organization Worked:** \_\_\_\_\_

**Event Title/Reason for Hours:** \_\_\_\_\_

**Authorizing Name:** \_\_\_\_\_

**Authorizing Signature:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

Submitted By: \_\_\_\_\_

August 21, 2007