

COMMUNITY SERVICE

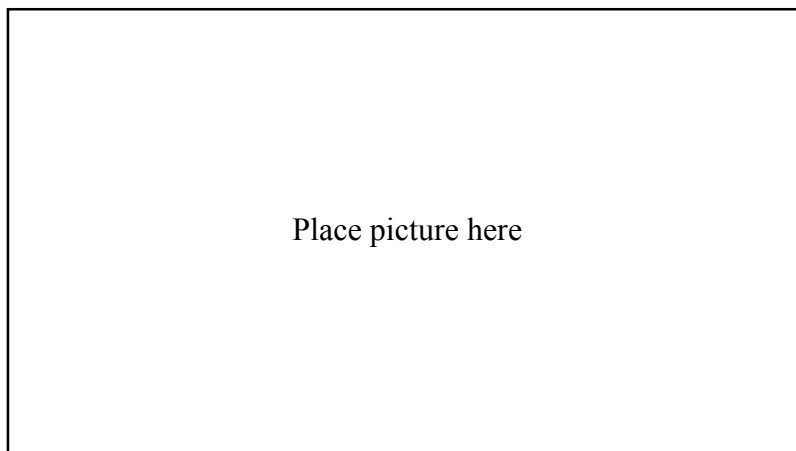
Name of Student Organization _____

Name of Community Service Organization _____

Location and Phone Number _____

Name of Contact _____

Date Project Completed _____



Write a few sentences reflecting on what this project entailed and how it impacted your student organization. You may also want to add why your organization chose this place. (Use back of sheet if necessary.)

Completed by _____ Date _____

*Please return this form to the M.S.G. Community Service Representative
in the Student Development Center.*