

COMMUNITY SERVICE DOCUMENTATION FORM

GRANGE SPONSORED NON-GRANGE SPONSORED

CONTINUING PROJECT NEW PROJECT FUNDRAISER

Name of Activity or Project: _____

Leader/Person in Charge: _____

Date(s): _____

of Grangers Participating: _____ Grange Member Hours: _____

of Non-Members Participating: _____ Non-Member Hours: _____

Goals: _____

Description of Community Service: _____

Impact on the Community: _____
