

**ALPHA NU
ALTRUISTIC “IN KIND” REPORT FORM**

Altruistic Project For The Month	Month:
Committee Program Chairperson	Name:
Agency Receiving Donated Goods	Name:
Estimated Total Cost – Donated Goods	\$ Amount:
Donated Money	Total Check Amount: \$ Total Cash Amount: \$
Estimated Total Hours Volunteered Hourly Wage Donated at \$8 Hourly	Hours: Wages:
Return form to: Misty Smith 215 5th St., Cheney, 99004 msmith@cheneysd.org	Comments: