



SERVICE REPORT



Date:

Start Time:

End Time:

Project Name:

School Name:

Event Description:

Project Address:

City:

State:

Zip:

Student Volunteer Leader Name:

Student Volunteer Leader e-mail:

of Volunteers:

Impact Units (*# of donors signed up, # of pints of blood collected, etc*):

Success Story:

***This information should be included in a service report submitted to the
Chris Klug Foundation at morgan@chrisklug.org***