DELTA THETA TAU SORORITY, INC.
REPORT OF ALUMNAE PHILANTHROPY

Association Name_____ Province_____

City_____ State_____

Report Period: June 1, 2025 through May 31,2026

Number of Alumnae Members as of June 1, 2025 _____

SECTION I – ASSOCIATION PHILANTHROPY
Money donated through Association Treasury. Pass through donations, supported with a cash register receipt, may be recorded.

NAME OF PROJECT	
_____	$_____
_____	_____
_____	_____
_____	_____

(If additional space is needed, then add an attachment page.)

TOTAL $_____

SECTION II – VOLUNTEER SERVICE

NAME OF VOLUNTEER SERVICE	HOURS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(If additional space is needed, then add an attachment page.)

TOTAL HOURS _____

RETURN ORIGINAL COPY OF THIS REPORT TO THE SECRETARY OF PHILANTHROPY ON/OR **BEFORE AUGUST 1, 2026.**

Sharon Miller, Secretary of Philanthropy
632 So. 6th Str.
Goshen, IN 46526

_____ _____
(Officer Preparing Report) (Date)