Request for Service Drive

Name of group holding the event:_____

What group are you collecting for?_____

Contact person of charity:_____ Phone:_____

What items will your organization collect?_____

Dates of your collection drive? (Limit 1 week)_____

Describe the method by which your collection will work. Please include where any collection bins may be placed, how items will be removed in a timely manner for delivery to the charity agency and how if any service hours are to be given for donations.

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Submitted by:_____

Signature of Advisor/Coach_____

Authorized by:_____ _____

ASU Commissioner of Records Director of Student Activities