

### Event Verification Form

To verify service, please complete this form for each different event and submit with your portfolio.

Name of Event: Walk to End Alzheimer's

Organization: Alzheimer's Association

Type of Service: Team Organizer / Judy Fund Rep

Describe your service activities:

Organized teams to raise money and awareness  
for the Alzheimer's Association as well as Participate  
in the walk.

Purpose of Event:

To ~~raise~~ raise awareness and funds for Alzheimer's  
Care, Support and research.

Date of Service: 10/27/18 Start time: 5:00 am End time: 9:00 am

Total Hours: 4

### Supervisor Information

Name: Jacob Birenbaum

Position: Vice President of Churs - Sigma Alpha Mu Fraternity

Phone: 832-260-6611

OR

Email:

Signature: [Signature] Date 10/28/18

### Student Information

Name: Coby Moscowitz

Signature:

[Signature]