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| Chapter Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter Member Completing Form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | **Postmark Deadline April 1** | | | | | | | | | | |
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| **Reporting Period: April 1 – March 31, \_\_\_\_\_\_\_** | | | | |  | | |  | | | |  | | | |  | | | | | |
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|  |  | **Philanthropic**  **Service**  **Projects** | | | **A** | | | | | **B** | | | **C** | | | | **D** | | | | |
|  |  | **Hours** | | | | | **Money**  **Donated** | | | **Value of**  **Donated**  **Goods** | | | | **Mileage** | | | | |
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| **A** |  | **International Projects** | | |  | | | | |  | | |  | | | |  | | | | |
|  | 1 | \*Easter Seals | | |  | | | | | $ | | | $ | | | |  | | | | |
|  | 2 | ESA Disaster Fund | | |  | | | | | $ | | | $ | | | |  | | | | |
|  | 3 | ESA Foundation | | |  | | | | | $ | | | $ | | | |  | | | | |
|  | 4 | \*Hope for Heroes Projects (including coupons) | | |  | | | | | $ | | | $ | | | |  | | | | |
|  | 5 | Literacy | | |  | | | | | $ | | | $ | | | |  | | | | |
|  | 6 | \*\*St. Jude Children's Research Hospital | | |  | | | | | $ | | | $ | | | |  | | | | |
|  | 7 | Outstanding Youth Award | | |  | | | | | $ | | | $ | | | |  | | | | |
|  | 8 |  | | |  | | | | | $ | | | $ | | | |  | | | | |
|  | 9 |  | | |  | | | | | $ | | | $ | | | |  | | | | |
|  | 10 |  | | |  | | | | | $ | | | $ | | | |  | | | | |
|  |  | \*These numbers should match the Easter Seals & Hope for Heroes chapter report | | | | | | | | | | | | | | | | | | | |
|  |  | \*\*These numbers should match the numbers on the St. Jude report from ESA Headquarters | | | | | | | | | | | | | | | | | | | |
| **B** |  | **State Projects** (List) | | |  | | | | |  | | |  | | | |  | | | | |
|  | 11 |  | | |  | | | | | $ | | | $ | | | |  | | | | |
|  | 12 |  | | |  | | | | | $ | | | $ | | | |  | | | | |
| **C** |  | **Region Projects** (List) | | |  | | | | |  | | |  | | | |  | | | | |
|  | 13 |  | | |  | | | | | $ | | | $ | | | |  | | | | |
|  | 14 |  | | |  | | | | | $ | | | $ | | | |  | | | | |
| **D** |  | **Chapter Projects** (List on Reverse Side) | | |  | | | | |  | | |  | | | |  | | | | |
|  | 15 | (Total from Reverse Side) | | |  | | | | | $ | | | $ | | | |  | | | | |
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|  | 16 | **Subtotal, # 1-15** | | |  | | | | | $ | | | $ | | | |  | | | | |
|  |  |  | | |  | | | | |  | | |  | | | |  | | | | |
|  | 17 | **Actual Hours** (Line 16 Column "A" ) | | |  | | | | |  | | |  | | | |  | | | | |
|  | 18 | **Actual Money** (Line 16 Column "B") | | |  | | | | | $ | | |  | | | |  | | | | |
|  | 19 | **Donated Goods** (Line 16 Column "C") | | |  | | | | | $ | | |  | | | |  | | | | |
|  | 20 | **Mileage** (Line 16 Column "D" X current IRS Non-Profit Rate) | | | | | | | | $ | | |  | | | |  | | | | |
|  |  | (1-800-829-1040) | | |  | | | | |  | | |  | | | |  | | | | |
|  | 21 | **Grand Total Hours (**Line 17) | | | Hrs. | | | | |  | | |  | | | |  | | | | |
|  | 22 | **Grand Total Money** (Lines 18, 19 & 20) | | |  | | | | | $ | | |  | | | |  | | | | |
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|  | Submitted by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | **Send to: State Philanthropic Chair** | | | | | | | | | | | | |
|  |  | (signature) | | | | | | **Kathy Riggs**  **702 Stonebridge Dr** | | | | | | | | | |  | |  | |
|  | DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  | | **Jonesboro, AR 72401**  [**kathyariggs@yahoo.com**](mailto:kathyariggs@yahoo.com) | | | | | | |  | | | | | |  |
| **CHAPTER, CIVIC AND OTHER PROJECTS** | | | | | | | | | | | | | | | | | | |
| **CHAPTER PROJECTS WITH BRIEF DESCRIPTION**  **DOES NOT INCLUDE ANY IC PROJECTS**  **LISTED ON FRONT (St. Jude, Easter Seals, Hope for Heroes etc.)** | | | A  **HOURS** | | | | B  **DONATED**  **MONIES** | | | | C  **VALUE OF**  **DONATED**  **GOODS** | | | D  **NUMBER**  **0F**  **MILES** | | | | |
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| TOTAL - CHAPTER PROJECTS: | | |  | | | | $ | | | | $ | | |  | | | | |
|  | | | Add the total of each column A-D to line 15 A-D on front | | | | | | | | | | | | | | | |
| Refer to Philanthropic - Service Guidelines on how and what to count. | | | | | | | | | | |  | | | | | | | |