|  |
| --- |
| Chapter Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Chapter Member Completing Form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
|  | **Postmark Deadline April 1**  |
|  |
| **Reporting Period: April 1 – March 31, \_\_\_\_\_\_\_** |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  | **Philanthropic****Service** **Projects** | **A** | **B** | **C** | **D** |
|  |  | **Hours** | **Money****Donated** | **Value of****Donated** **Goods** | **Mileage** |
|  |  |
|  |  |
| **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) |   | $ | $ |   |
|  |   |  |   |   |   |   |
|  |  |   |   | $ | $ |   |
|  |  |  |   |   |   |   |
|  |  |   |   | $ | $ |   |
|  | 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) |  | $ |  |  |
|  |  |  |  |  |  |  |
|  | Submitted by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Send to: State Philanthropic Chair** |
|  |  | (signature) |  **Kathy Riggs** **702 Stonebridge Dr** |  |  |
|  | DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  **Jonesboro, AR 72401****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** |
|   |   |   |   |   |
|  |   | $ | $ |   |
|   |   | $ | $ |   |
|   |   | $ | $ |   |
|   |   | $ | $ |   |
|   |   | $ | $ |   |
|   |   | $ | $ |   |
|   |   | $ | $ |   |
|   |   | $ | $ |   |
|   |   | $ | $ |   |
|   |   | $ | $ |   |
|   |   | $ | $ |   |
|   |   | $ | $ |   |
|   |   | $ | $ |   |
|   |   | $ | $ |   |
|   |   | $ | $ |   |
|   |   | $ | $ |   |
|   |   | $ | $ |   |
|   |   | $ | $ |   |
|   |   | $ | $ |   |
|   |   | $ | $ |   |
|   |   | $ | $ |   |
|   |   | $ | $ |   |
|   |   | $ | $ |   |
|   |   | $ | $ |   |
|   |   | $ | $ |   |
|   |   | $ | $ |   |
|   |   | $ | $ |   |
|   |   | $ | $ |   |
|   |   | $ | $ |   |
|   |   | $ | $ |   |
|   |   | $ | $ |   |
|   |   | $ | $ |   |
|   |   | $ | $ |   |
|   |   | $ | $ |   |
| 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.  |   |